1.	FOR 6/12/84 STATE REGISTRAR	jp DEPA		ICATE OF DEATH	GIENE O G	10.	EDT
	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
/	ANNA	MARGARE	T ABENI	)	MAY 2	0, 1984	1148 A
3. SE	х	4 RACE		DEBIRTH 10 1896	6 AGE (IN YEARS LAST B	RTHDAY) IF UNDER	DAYS HOURS MIN.
١.,	FEMALE	WHITE	MAY		87	YRS.	DATS HOURS MIN.
76. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DE	ATH
	ARYLAND	U.S.A.	WIDOW	DIVORCED	ANNE A	ARUNDEL CO	UNIY MD.
/10,C	GLEN BURNIE	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST NORTH ARUND	PEET ADDRESS)		120 USUAL OCCUPATION OF WORK FOR MOST	ON OF WORKING LIFE) 12b. K	CIND OF BUSINESS OR USTRY OUSEHOLD
	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BE		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	21054
	ARYLAND A.			YES NOX	1229 WAT		EL RD.
7.5	ATHER'S NAME FIRST CONRAD	MIDDLE LAST WINT	ERSTIE	15. MOTHER'S MAIDEN NA FIRST	AME		LAST
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS		17 INFORMANT	ADDR		CHADEL DD
1	YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES) 216-4	6-4537	DOROTHY HO	OLSTON GAN	29 WAUGHO	MD 21054
NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE		NOT RELATED TO THE TER/	MINAL DISEASE OR COP	VDITION GIVEN IN P.	ART 1(a)
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES [	FINDINGS USED AUSES OF DEATH? NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR P	PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFF	ICE, FARM ETC }	211 LOCATION STREET	, CITY OR T	OWN COU	NIY STATE
1	22a.1 certify that (1) (this haspi	ital) attended the deceased fro		, 19	, ta	. 19	, that (I) (we) last
1	saw the deceased alive an abave, (I) (we) (did) (did no	it) view the bady after death.	9, a	nd that in (my) (aur) apinian	death accurred on the	date and have and lea	am the causes stated
	226 SIGNATURE	Lus.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR ☐ PHYS		. DATE SIGNED
1	22d PHYSICIAN'S NAME TYPE O	DR PRINT)		22a ADDDESS		HIGHWAY, S	SE.
	FRED T. KAH	N M D		N	IVANA TIM		
	BURIAL, CREMATION, REMOVAL		23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNT	y STATE
	BURIAL	5/23/84	GLEN H	IAVEN	GLEN B	JRNIE A	.A. MD
	UNERAL DIRECTOR	ADDRE	55	250, 04	TE REC'D BY REGISTRA	RIMA PEGISTARISS	
H	ARDESTY FUNE	RAL HOME ANN	APOLIS	, MD	4 2 1984	- white wild a	under the

ANNAPOLIS, MD

STATE OF MARYLAND

Item #5 Film #6592

DHMH - 16 50M 4/B3

TO FLINERAL DIRECTOR. After the certificate has been signed by the attending physician and complete by discount of a standard be detached for use as the burnal-trainer point. Then please remove carbon papers. Pages I and the State Dept. of Health and Mendal Hygerine prior to burnal, cremation, or removal.

MPORTANT If he was a marked or ham 18 shows they injury, or other troumatic event, the medical

OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed

retained by the haspital or attending physician

TO HOSPITAL

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(VRA 15, 4)



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 24 hours other death. Fage 4-retained by the hospital or otherding physician	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and completely filled in by the funeral direction should be detached for use as the buriol-transit permit. Then please remove carbonappers. Fages 1 and 2 should be filled within 72 hours an with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the medical examiner mention in the inditingtion of the control of th

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

3	4	1	5	0	2	-
	REG. NO.					

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	NO.		
	CEASED NAME	FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(1Ab	E OR PRINT)	HARRY	В.	ALLEN		_ JUNE	19, 1984		11:45A <sub>M</sub>
3. SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST E		UNDER 1 YEAR	IF UNDER 24 HRS
	MALE		BLACK	AU		52	YRS.	NTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FO	REIGN 76. CITIZ	EN OF WHAT COL	JNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY			
	NEW YORK	U:	SA	WIDOWE		ANNE ARUI	NDEL COU	NTY,	MD.
10. C	FT. MEADE.	(IF N	OT IN SUCH FACILITY, GI		TAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOS) RETTRED-/		126, KIND O	F BUSINESS OR
13a		G HOME OR OTHER INS 36 COUNTY ANNE ARU	13c CITY C		13d. INSIDE CITY LIMITS?	130. SIREEL ADDRESS	RIL DAWN	WAY	1054
14. F.	HARRY	WIDDLE	B. ALLEN	AST ,}	15 MOTHER'S MAIDEN NAV	MIDDLE		ALLEN LAS	7
160	WAS DECEASED EVER IN (YES, NO OR UNKNOWN) YES	1957-197	DATES)	22-5685	CYNTHIA ALLI	EN (wife)	SAME A	DDRES	S
	18 CAUSE OF DEATH PART I. DEATH WA	(Enter only one co S CAUSED BY: MMEDIATE CAUSI	CAL	, (b), and (c).)	EST			BETWEEN C	MATE INTERVAL ONSET AND DEATH RS.
	Canditions, if ony,	DUI which <b>(</b>	TO OR AS A COL	NSEQUENCE OF OVASCULAR	ACCIDENT			3 H	RS.
	gove rise to imme cause (0), stating underlying cause		E TO, OR AS A COP	nsequence of					
NO	PART 2. OTHER SIGNI	FICANT CONDITI	ONS CONTRIBUTIN	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	IN PART 10	0)
CERTIFICATION	19a. DATE OF OPERATI	ON 19b.	CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	
	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HO	TIME OF INJURY OUR A.M. MON' P.M.	TH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRE	(AT)	PLACE OF INJURY HOME STREET, FACTORY,		21f. LOCATION STREET	CITY OR 1	IOWN	COUNTY	STATE
	220.1 certify that (1) (1) sow the deceased	this hospital) atter	nded the deceased JUNE ne bady after death	19 84 ar	UNE , 19 84 and that in (my) (aur) apinion of	ta 19 JU	, 19		that (1) (we) last couses stated
	The Signature	under	le body direr degili			MEDICAL ST.	AFF ICIAN 🗌	19 JU	SIGNED UNE 84
	HENRY SA		CPT, MD.		22e. ADDRESS  KIMBROUGH A	RMY HOSPITA	AL- FT.	MEADE	, MD.
	BURIAL, CREMATION, R	EMOVAL 236. D	ATE		EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	BURIAL	6-2	22-1984	CHELTANH	IAM VETERANS	CHELTA			irvland
	UNERAL DIRECTOR LLTAM REESI	Annapoli	s, Md. 21	401		REC'D. BY REGISTRA	R 256 REGISTRA	R'S SIGNAT	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

The contract of the contract o

7/	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE REG. NO.	EDT
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26 HOUR
1	,	JEAN	MARLENE	ANDREWS		1984 140
# ]	3. SE)		4 RACE	5 DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HE ONTHS DAYS HOURS ME
		Female	(aucasian	6/13/1931 YEAR	53 YRS	05.05.0711
35		RTHPLACE (STATE OR FOREIGN COUNTRY)  Manyland	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	_ I ANINE ADTINETED	
1 154	10. CI	TY OR TOWN OF DEATH  GLEN BURNIE		ORSING HOME OR OTHER INSTITUTION STREET ADDRESS) DEL HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OF INDUSTRY
ed less be	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULD	NTY 13c CJIY OR	BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? L DWNLE YES \ NO XX	130 STREET ADDRESS / ZIP CODE	nive 21061
od 2 sh dminer	14. FA	THER'S NAME	MIDDIE	15 MOTHER'S MAIDEN N	AME MIDDIF	IAST
0 666		John		mell Olive	ADDRESS	Herring
Poges 1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GP	VE WAR OR DATES	28-9191 Andrew J.		as #13
movol.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		e he crop 7:20	hemorrhageic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL
leose remove corbo iol, cremotion, or ri or other troumotic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSI		ده از کانی	r
Then p or to bur injury,	NO	PART 2 OTHER SIGNIFICANT	conditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO THE TER		
iene prio	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED		WERE FINDINGS USED (ING CAUSES OF DEATH?
entol Hygientol Hygientol Hygientol Hygientol		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		JRRED (ENTER NATURE OF INJURY IN ITEM 18. PA	RT 1 OR PART 2)
ond Me ond Me ked or I	MEDICAL	21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
or use o if Health		22a.1 certify that (I) (this hosp	ital) attended the deceased fr	011	on death occurred on the date and hour	9 4 tho (1) (we) I and from the couses stoted
detoched for		37h SIGNAPORE)	Soh		DIRECTOR   PHYSICIAN	520. DATE SIGNED
ould be dith the Sto		CHARLES I	OR PRINT)		845 OAKWOOD ROAD, RNIE, MARYLAND 21	
43 ₹	22- 0	HIPIAL CREMATION REMOVAL	100 DATE	234 NAME OF CEMETERY OF CREMATOR		

STATE OF MARYLAND

IF UNDER 24 HRS

126 KIND OF BUSINESS OR Domestic

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

236 NAME OF CEMETERY OR CREMATORY

edan Hill Mauseleum

DHMH - 16 50M 4/83 (VRA 15, 4)

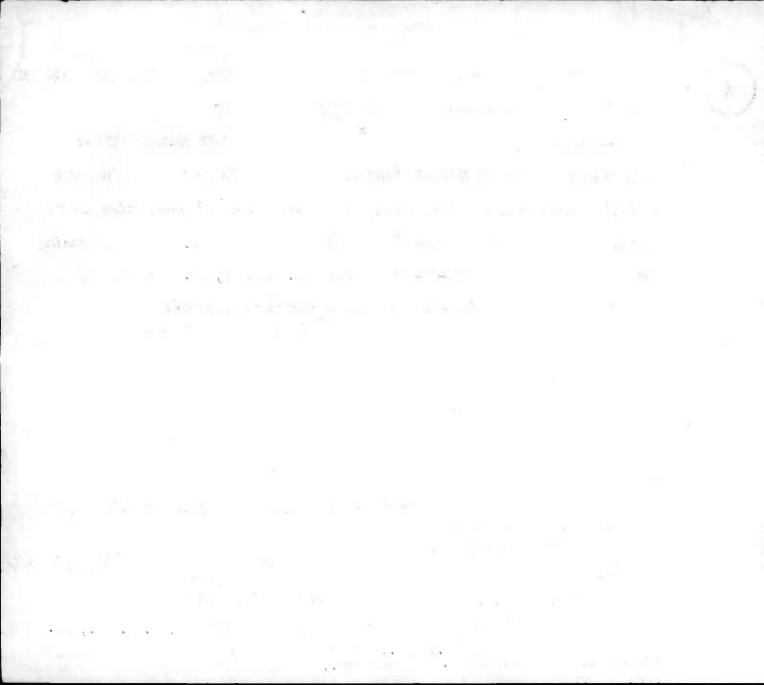
Tully Funeral Homes

23b. DATE

6/20/1984

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)



# Lago filled in by the within 24 hours ofte DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 completely f executed TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshold be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal. death certificate be IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the requires that the MO TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

BP DHMH-16 50M 7/77 (VR A 15 (4))

page 3

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FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4 1	5 0	2 3
(TYPE OF SPINIT	arrie	K. Ayre	AST .	June 16, 1984	DAY YEAR	26 HOUR
Female	White	S. DATE C	of BIRTH 14, 1903	6 AGE (IN YEARS LAST BIRTHDAY)  81  YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
70 BIRTHPLACE STATE OR FORE	16. CITIZEN OF	MHAT COUNTRY? 8 MARRIE WIDOWE	A A A	BALTIMORE CITY OR COUN Anne Arunde	TY OF DEATH	MD.
10 CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOME ( HEACILITY, GIVE STREET ADDRESS) runder yenend	or other institution	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Ret) are stady		Store
USUAL RESIDENCE HE MURSING 130, STATE	G HOME OR OTHER INSTITUTION, Bb COUNTY	GIVE RESIDENCE BEFORE ADMISSION) Baltimore	13d. INSIDE CITY LIMITS? YES 🗶 NO 🗌	13. STREET ADDRESS Belvedene	Place	21226
Grantes	MIDDLE	Kahlen	15 MOTHER'S MAIDEN NA	WE	Ellig	son
(YES, NO ONO KNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	216-28-0674	Mrs. Dolores	Rittenpusch 19	Pasadena, 01 Schwa	ntz Drive
PART I DEATH WAS	(Enter only one couse per S CAUSED BY	- 000011	heermed M	MYOCARDIAL INFOR		ONSET AND GEATH

		PART I DEATH WAS CAUSED BY	ne couse per line for (a), (b), and (c).) Y. AUSE (a) SUDPSW DSB 7N	preumed M	YOUARDIAL	WFURCIN	BETWEEN ONSET AND GEATH
	100		DUE TO, OR AS A CONSEQUENCE OF				
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF (c)				
	ATION		IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	11.01/0		PART I(o)
9	CERTIFICAT	190 DATE OF OPERATION	CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 O	PR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	vn cc	DUNTY STATE
		22a. I certify that (I) (this haspital) sow the deceased alive an above, (I) (we) (did) (did nat) via	0611 1984 01	nd that in (my) (obc) apinion di	, to D c	ate and hour and	from the causes stated
		226. SIGNATURE  Mishul	F Brents	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	6 78 P4
1		22d. PHYSICIAN'S NAME (TYPE OR PRI	RAHY	8651 F	1 Small	hours t	In Paradire
	23a B	URIAL CREMATION, REMOVAL 2		emetery or crematory vidge Mem. Pank	Dorsey	Howard	Manyland
	24. FU	ineral director Mc (ul	ly tuneral Home of Pock Rds. Pasadena,	gisaweru	REC'D. BY REGISTRAR	4.00	SIGNATURE -
1					V 1304		

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1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYG			1 5	U	EDT
Î DE	CEASED NAME	FIRST		MIDDLE		AST		2e. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOUR
	E OR PRINT)		m									
3. SE		ILSON	4 RACE		SATLEY S. DATE C	E BIOTH		6. AGE (IN YEARS	LAST RIPTHOAY)	0 198	ER I YEAR	305 P
J. 3E	Male		White		MONTH	DAY	16		(ASI BINITIDAL)	MONTHS		HOURS A
-					9	18	16	67		RS.	1	
	IRTHPLACE (STATE OF	R FOREIGN		WHAT COUNTRY	MARRIE	D NEVER MA	ARRIED -	9 BALTIMORE	CITY OR COL	JN I Y OF D	EAIH	
1	Virgin			S.A.	WIDOWE		ORCED X		ARUNDI			
M, CI	ITY OR TOWN OF DE	AIH		HOSPITAL, NURS		R OTHER INSTIT	TUTION	120 USUAL OC		ING LIFE) IN	DUSTRY	F BUSINESS
	GLEN BURNI		NORTH	The same of the same of		ral		Forem	an		Gas 8	Elec
	AL RESIDENCE (IF NUF STATE Md.	13b. COUN		130 CITY OR TO	WN	13d. INSIDE CIT	Y LIMITS?	130. STREET ADD	Box #	#65	2	21032
14 FA	ATHER'S NAME					15. MOTHER'S		AE				
1	Walter .	The	omas	I Komas Ba	ailey	Lucy	IRST	Gladys "	IDDLE	Scl	naffe	er
Ióa V	WAS DECEASED EVE		MED FORCES?			17 INFORMAN	JT .		ADDRESS 2			t. Rd
0	YES NO OR UNKNOWN)	(IF YES SIV	15-47 TES)	216-12-	-6273	Ms. J	lessie	Schultz	Steve	ensvi	lle.	Md. 21
	Conditions, if ongove rise to impose to impose the conditions.	WAS CAUSE  IMMEDIAT  y, which	ly one couse pe D BY: E CAUSE (o) DUE TO, (	Resp	UENCE OF	y fait	Pure	in			APPROXI BETWEEN C	loy
	Conditions, if on gove rise to im couse (a), underlying cous	WAS CAUSE  IMMEDIAT  y, which neediote ing the ise lost.	D BY: E CAUSE (o)  DUE TO, C  (b)  DUE TO, C	CRAS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF A C	UENCE OF	y fail			9 CONDITION	J CAVEN IN	4,	ront
TION	Conditions, if on gove rise to in couse (a), stoil underlying cous	y, which mediate ing the lost.	D BY: E CAUSE (o)  DUE TO, (c)  DUE TO, (c)  CONDITIONS C	DR AS A CONSEON	UENCE OF	dise	TO THE TERM	inal disease o	1.71		L PART 110	nonty
RTIFICATION	Conditions, if ony gove rise to irr couse (o), stoti underlying cous	WAS CAUSE IMMEDIAT  y, which mediate ing the ise lost.  SNIFICANT (	DBY: E CAUSE (a)  DUE TO, (b)  DUE TO, (c)  CONDITIONS C	CRAS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF A C	UENCE OF	dise	TO THE TERM	INAL DISEASE O	Y? 20b. I	F YES, WER	L PART 110	nonty
ICAL CERTIFICATION	PART I. DEATH V  Conditions, if on gove rise to im couse (o), state underlying couse PART 2. OIH SIG	WAS CAUSE IMMEDIAT  y, which nmediote ing the ine lost.  SNIFICANT (  ATION  DERLYING   CAUSE OF DEAL DICAL EXAMINER	DBY:  E CAUSE (o)  DUE TO, (c)  DUE TO, (c)  CONDITIONS C  THOUR A  HOUR A	DR AS A CONSEON  OR AS A CONSEON  ONTRIBUTING TO  ONTRIBUTING	UENCE OF  WOEATH BUT	N WAS PERFOR	MED URY OCCURR	INAL DISEASE O	Y? 20b. I	IF YES, WER ERTIFYING YES	PART 110 RE FINDIN CAUSES	IGS USED OF DEATH?
MEDICAL CERTIFICATION	PART I. DEATH V  Conditions, if on gove rise to im couse (o), stati underlying cous  PART 2. OIH SIG  19a DATE OF OPER/  21a. ACCIDENT WAS UP OR CONTRIBUTING CIFETIMER, NOTIFY MEE  21d. INJURY OCCUI	WAS CAUSE IMMEDIAT  y, which nmediote ing the ine lost.  SNIFICANT (  ATION  DERLYING   CAUSE OF DEAL DICAL EXAMINER	DBY:  E CAUSE (a)  DUE TO, (c)  DUE TO, (c)  CONDUTIONS C  HOUR A  HOUR A  110 PLACE	OR AS A CONSEON CONTRIBUTING TO OF INJURY A.M. MONTH	UENCE OF  VOEATH BUT  H OPERATO  DAY YEAR  19	N WAS PERFOR	MED URY OCCURR	200 AUTOPS YES NED (ENTER NATURE	Y? 20b. I	F YES, WER ERTIFYING YES M 18 PART I O	PART 110 RE FINDIN CAUSES	IGS USED OF DEATH?
	PART I. DEATH V  Conditions, if on gove rise to im couse (o), stati underlying cous  PART 2. OIH SIG  19a DATE OF OPER/  21a. ACCIDENT WAS UP OR CONTRIBUTING CIFETIMER, NOTIFY MEE  21d. INJURY OCCUI	WAS CAUSE IMMEDIAT  y, which nmediote ing the	DBY: E CAUSE (o)  DUE TO, (c)  DUE TO, (c)  CONDITIONS C  THOUR A  THOUR A	OR AS A CONSEON  OR AS	UENCE OF  VOEATH BUT  H OPERATO  DAY YEAR  19	21f. LOCATION STREET	MED  URY OCCURR  N  Journ opinion of	ZOR AUTOPS YES NED (ENTER NATURE)  COMMISSION TO Decorate of the control of the c	Y? 20b I IN CI OF INJURY IN ITEA	FYES, WERE ERTIFYING YES MIS PART 10	PART 110 REFINDINCAUSES RPART 2) OUNTY From the	IGS USED OF DEATH? NO   stati
	PART I. DEATH V  Conditions, if on gove rise to im couse (a), stati underlying cous  PART 2. QIH SIG  PART 2. QIH SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UP OR CONTRIBUTING 18 THE RENOTIFY WAS UNDER AT WORK AT WORK AT WORK 22a. I certify that (i) sow the deceo obove. (i) (we)	WAS CAUSE IMMEDIAT  y, which nmediote ing the	DBY: E CAUSE (o)  DUE TO, (c)  DUE TO, (c)  CONDITIONS C  THOUR A  THOUR A	OR AS A CONSEON  OR AS	UENCE OF  VOEATH BUT  H OPERATO  DAY YEAR  19	21t. HOW INJU	MED  URY OCCURR  DOUR) OPINION OF TENDING HYSICIAN	INAL DISEASE O  20a AUTOPS  YES N  ED (ENTER NATURE)  C	Y? 20b I IN CI IN CI ITY OR TOWN TY OR TOWN THE date and	FYES, WERE ERTIFYING YES MIS PART I O	PART 110 REFINDINCAUSES RPART 2) OUNTY From the	IGS USED OF DEATH? NO  state that (I) (we) couses state

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and can be about the detached for use as the buriol-transit permit. Then please remove corbompopers. Pages with the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

Anatomy Board

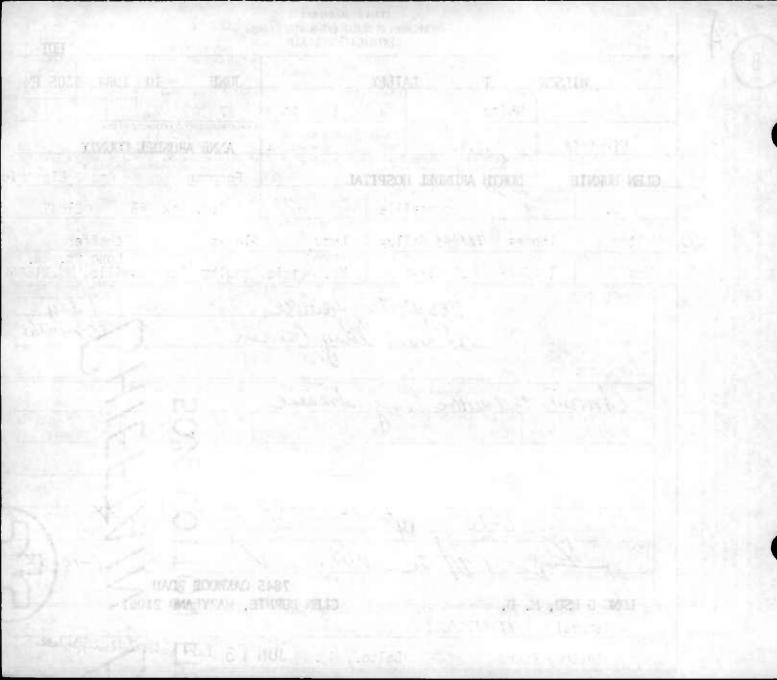
Remova 1

24 FUNERAL DIRECTOR

B7 6/10/84

Balto., Md.

JUN 13



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove corbon papers. Fager 1 and 2 should be filled within 72 hours of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

P	1 - STATE REGIS
	1 DECEASED

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

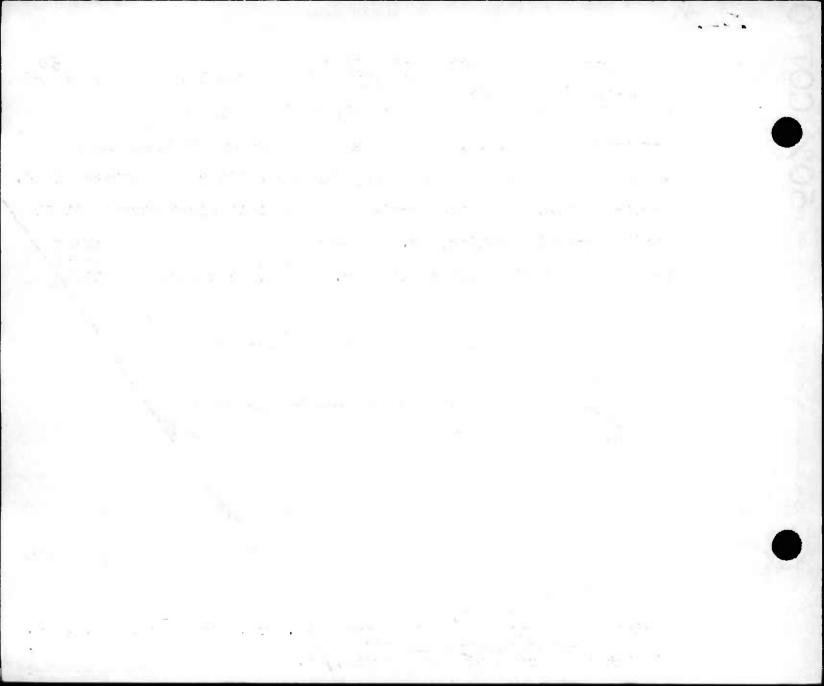
REG.	NO.

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1 DE					REG. NO.		
TYPE	CEASED NAMMary FIRST	Jeannette	Batch	ellor F/Lor		TOOA	26 HOSPO
2 55	////KY	LA BACE TID - La	5. DATE O	7/	June 19,		IF UNDER 24 MRS
	Female /	A RACE White	MONTH	DAV WEAR		MONTHS DATS	HOURS MIN.
	EMALE .	Th. CITIZEN OF WHAT COUNTE		27, 1929	54 J. BALTIMORE CITY OR C	YRS. COUNTY OF DEATH	
<b>4</b>	COUNTRY)		MARRIED	NEVER MARRIED	1 DALTIMORE CITT OK		-1/
-	laryland	U.S.A.	WIDOWEI		170. USUAL OCCUPATION		OF BUSINESS OR
10	2	(IF NOT IN SUCH FACILITY, GIVE STE		1 11 11.1	(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	
77/ USU	NN APOLIS	HANNE HOUNDE	L CTENS	ral Mospital	Auditor	State	e of Mo
13a. S M	STATE ISE COU Saryland A.A	NTY 13c. CITY OR TO		YES NOXX	13. STREET ADDRESS / Z 1012 First	Street	21 061
	ather's Name David Frankl	in Calder,	Sr.	Beulah	AE MIDDLE		st rker
-	WAS DECEASED EVER IN U.S. A			17 INFORMANT (Sor	ADDRESS		
	JO	(//// 212-28	-8082		. Stevenso	n # 1	
	PART I. DEATH WAS CAUS		ond (ct.)	mossos		APPRO: BETWEEN	KIMATE INTERVAL ONSET AND DEATH
1	IMMEDIA		No.	11101010101			
	Conditions, if ony, which	DUE TO, OR AS A CONSE	QUENCE OF	Detrois Ave	erusm		
	gove rise to immediate	)	CARL C	J. J. J.			-
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	OUENCE OF				
		(c)		NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1	10
NOI	underlying couse last.  PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	ODEATH BUT	o usecu for	prean		
TIFICATION	underlying couse last.  PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING T	ODEATH BUT	o usecu for	20a AUTOPSY? 2	ION GIVEN IN PART 1  Ob. IF YES, WERE FIND: N CERTIFYING CAUSE: YES.	INGS USED
CERTIFICATION	PART 2 OTHER SIGNIFICANT  DATE OF PERATION  210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHI	TO DEATH BUT,	o usecu for	200 AUTOPSY? YES NO	Ob. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED S OF DEATH?
-2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHI CONDITION FOR WHI CONDITIONS FOR WHITE CONDITIONS	TO DEATH BUT,	N WAS PERFORMED	200 AUTOPSY? YES NO	Ob. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	INGS USED S OF DEATH?
-2	PART 2 OTHER SIGNIFICANT  THE DATE OF PERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHI CONDITION FOR WHI CONDITIONS FOR WHITE CONDITIONS	ICH OPERATION  DAY YEAR  19	N WAS PERFORMED	200 AUTOPSY? YES NO	OB IF YES, WERE FIND N CERTIFYING CAUSE: YES	INGS USED S OF DEATH?
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-2	PART 2 OTHER SIGNIFICANT  216. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE   NOTIFY WED CALL EXAMINE AT WORK   NOTIFY HORD  220.1 certify that (I) (this hosp	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHI CONDITION FOR WHI CONTRIBUTION FOR WHITE CONTRIBUTION CONTRIBUT	DAY YEAR 19 10.000, FARM, ETC.)	216 HOW INJURY OCCURR	200 AUTOPSY? YES NO PED (ENTER NATURE OF INJURY IN	OB IF YES, WERE FIND N CERTIFYING CAUSE: YES	NGS USED S OF DEATH? NO   STATE
-2	PART 2 OTHER SIGNIFICANT  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER NOTHEY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (I) (this hosp saw the deceased olive or obove. (I) (we) (and i) (did in obove. (I) (we) (and i) (did i) (did i) (did i) (did i) (did	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHI CONDITION FOR WHI CONTRIBUTION FOR WHITE CONTRIBUTION CONTRIBUT	DAY YEAR  19  CE, FARM, ETC.)	21c HOW INJURY OCCURE  211 LOCATION STREET  19 59  d that in (my) (our) opinion	200 AUTOPSY? YES NO PED (ENTER NATURE OF INJURY IN	Ob IF YES, WERE FIND N CERTIFYING CAUSE YES  NIEM 18 PART 1 OR PART 2)  COUNTY  19	STATE
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-2	Underlying couse last.  PART 2 OTHER SIGNIFICANT  21g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINE 22d. 1 certify that (I) (this hosp saw the deceased alive on above, (I) (we) (sid.) (did in 22b. SIGNATURE)  22d. PHYSICIAN'S NAME (TYPE)	CONDITIONS CONTRIBUTING TO CONDITIONS CONTRIBUTING TO CONDITION FOR WHI STATE OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI-DOTO) FOR THE CONTRIBUTION OF THE CONTRIBUTI	DAY YEAR  19  CE, FARM, ETC.)	216 HOW INJURY OCCURS  211 LOCATION STREET  214 HOW INJURY OCCURS  215 LOCATION STREET  216 HOW INJURY OCCURS  217 LOCATION STREET  218 LOCATION STREET  218 LOCATION STREET  218 LOCATION STREET	200 AUTOPSY? 21 YES NO CITY OR TOWN  CITY OR TOWN  To Death occurred on the date  MEDICAL STAFF	Ob IF YES, WERE FINDING CAUSE: YES  NITEM 18 PART 1 OR PART 2)  COUNTY  ond hour ond from the	STATE  that (I) (we) lase courses stated
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WEDICAL B	Underlying couse last.  PART 2 OTHER SIGNIFICANT  216. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE   NOTIFY MEDICAL EXAMINE AT WORK   NOTIFY MEDICAL EXAMINE 220.1 certify that (I) (this hosp saw the deceased alive or obove, (I) (we) lad) (did in 220. SIGNATURE  22d. PHYSICIAN'S NAMP (TYPE)  BURIAL, CREMATION, REMOVA	CONDITIONS CONTRIBUTING TO SELECT CONDITIONS CONTRIBUTING TO SELECT CONTRIBUTION TO SELECT	DAY YEAR  19  CE, FARM, ETC.)  M. G. C.	211 LOCATION 211 LOCATION STREET 212 ADDRESS  EMETERY OR CREMATORY  aven Mem • F	200 AUTOPSY?  YES NO PI  YES NO PI  YES NO PI  CITY OR TOWN  CITY OR TOWN  ADDICAL STAFF  DIRECTOR PHYSICIAL  23d. LOCATION  CITY OR TOWN	Ob. IF YES, WERE FINDING CAUSE: YES  VIEW 18 PART 1 OR PART 2)  COUNTY  OND HOME TO THE PART 2  ON THE PART 2  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  A COUNTY	STATE

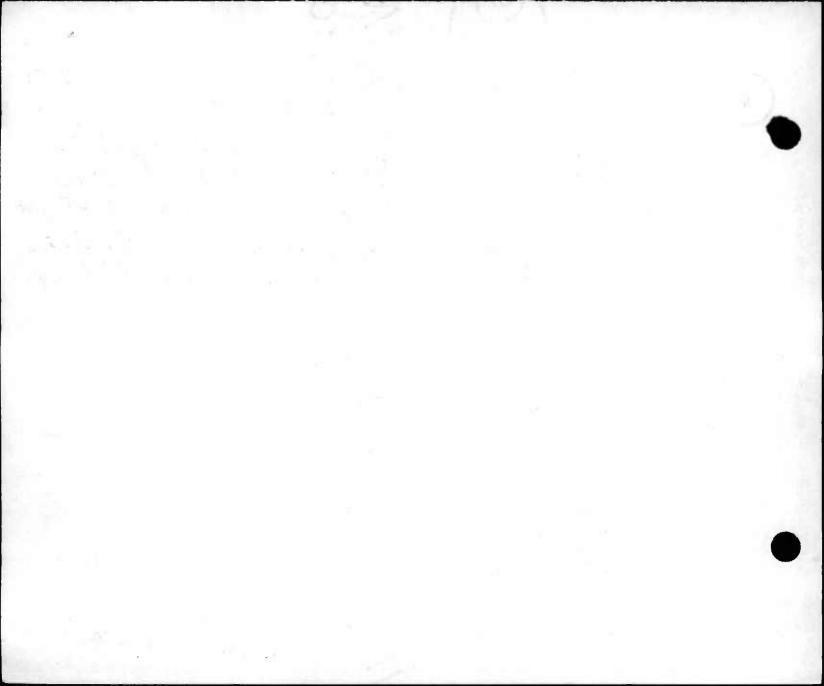
DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital



(VRA 15, 4)

1	- 1				STATE OF MARTLAN		25 44	1 3	0 6 0
(1)	- 1	1.	FOR STATE	DEPART	MENT OF HEALTH AND MI				
		1 -	REGISTRAR		CERTIFICATE OF DE	EATH	REG. NO.		
		1. DEC	EASED NAME FIRST	MIDDLE	1.559	20		NTH DAY YEA	AR 2b HOUR
-		TYPE	EASED NAME VIRGI	NIA. K	BAYS		0	6 11 8	4 11:00
16 20	- 1		Vircui	70177	01. 13.				11,01A
( E )	- 1	3. SE)	1	4 RACE ALLIA F	5. DATE OF BIRTH	YEAR-	GE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24 HRS
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			IS CALICE OF DEATH (Settor of	ily one couse per line for (a), (b), o	nd to v. A	1/	- Conference	API	PROXIMATE INTERVAL
ficate physic pope novol.	event, the		PART I, DEATH WAS CAUSE	D BY:	CP, and	rest		BCTY	TEN ONSET AND BEATT
ng p			IMMEDIA!	TE CAUSE (o)	2/3 000				
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he he	÷ ;		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF HASCO	10			
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t bled	ŏ		PART 2 OTHER SIGNIFICANT O	COMMITTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	TO THE TERMINIA	I DISEASE OF CONDIT	IONI GIVENI INI DAE	OT Ital
Sign Per Per Per	injury,	z	S/J 31011111CA	MARIA MARIA	Litru	TO THE TERMINA	E DISEASE ON CONDIT	ON ONEN INT A	
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3 0 8 6	s ony	CA	190 DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFOR	WED		Ob. IF YES, WERE FII N CERTIFYING CAU	
N: The long strong to the long	shows	TIE					YES NO	YES 🗌	NO
IAN: T physici physici ifficote I-tronsi ol Hyg	18 sh	E E	21a. ACCIDENT WAS UNDERLYING		21t. HOW INJU	URY OCCURRED	(FINTER NATURE OF INJURY IN	TEM 18 PART I OR PAR	1.2)
phys phys riffico ol-fron tol Hy	lem 2		OR CONTRIBUTING CAUSE OF DEA		DAY TEAR				
PHYSICIAN: ending phys this certifico ne buriol-tron nd Mentol Hy	r he	MEDICAL	(IF FITHER, NOTIFY MEDICAL EXAMINES  214. INJURY OCCURRED	P.M.  21e PLACE OF INJURY	211. LOCATION	N			
	morked or	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,			CITY OR TOWN	COUNT	Y STATE
ENDING tal or off DR: After r use os if Heolth o	orke		AT WORK AT WORK				- /	CL	-
N A S	E		228. I certify that (1) (this hospi	ital) attended the deceased from,	8///	., 19	to	. 19	, that N (we) lost
prito for of the	5		sow the deceased alive on	of UNY 19	, and that in my (	our) opinion deot	h occurred on the dote	and hour and from	the couses stated
A S S S S S	-		17k SIGNATURE	2/	DEGREE			22c. D	AJE SIGNED
0 4 0 50	=		Mill	The control			EDICAL STAFF	16	11110
HOSPITAL Inted by 1 FUNERAL wild be der	<del>Z-1-</del>		224 PHYSICIAN'S NAME I FOR C	WHEN !!	22e ADDRESS.		RECTOR   PHYSICIAL	N L	CCC(1)
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H. F. F. F.	3	276)6	URIAL, CREMATION, REMOVAL	23h DATE 23y	NAME OF CEMETERY OR CE	REMATORY	230 LOCATION	200	1.4
BP	_	P	FUOTIBAL	6/14/84	EDAR HILL		JUITLIAN	D P(+	- F.LO.
700	100	24. FL	INERAL DIRECTOR	1111	1 1	25a DATE RE	CD. BY REGISTRAR 256	REGISTRA OFFICE	MANORE
DHMH - 16 50M 4	/83	-	- NAME	/ W// ADDRESS	// / // // // // // // // // // // // /	I I I I I I I	/ TUXAL		



# TO HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hours after and completely filled in by the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and ci should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removel. etained by the haspital or attending physician.

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL I
- STATE PEGISTRAP	CERTIFICATE OF DEATH

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

1 -	STATE REGISTRAR	DEP		ICATE OF DE		REG. I	NO.			
	CEASED NAME FIRST OR PRINT)	C. BEES		AST		2a DATE OF DEATH	6	27 87	9 FIN	
3. SE	х	4 RACE	5 DATE C			6. AGE (IN YEARS LAST E	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.	
	Male	White	~~~	I3	O E	74	YRS.	MUNIHS DAYS	HOURS MIN.	
7a. B1	RTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF WHAT COUP	TRY? 8	DENEVER MA	DDIED []	9 BALTIMORE CITY		Y OF DEATH		
	Delaware	USA	WIDOWE	_	RCED	_ I Alunder				
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTIT	126 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE DE WORK FOR MOST OF WORKING LIFE) INDUSTRY Machine Open. Plastic					
S	everna Park	68 Arundel	Beach	Road	Machin					
13a. S	AL RESIDENCE (IF NURSING HOME OF CATE 136, COUN CAT	NTY I ISC. CITY OF		13d INSIDE CITY	LWITS?	STREET ADDRESS	ZIP COP x 246	A N. T	. 21632 Tara Rd.	
14. FA	ATHER'S NAME	MIDDLE LAS	ST	15 MOTHER'S M				. 145	51	
	Arthur	Be	ebe	Sa	rah	Jan	e	San	mons	
16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL	SECURITY NO.	17 INFORMANT			RESS			
N	YES, NO OR UNKNOWN] (IF YES, GIV	215-	01-1155	Mrs.	Ruby	Beebe Fe	d., M	ld. 216	532	
CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA!  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CON:  (b)  DUE TO, OR AS A CON:  (c)	SEOUENCE OF			20a AUTOPSY?	20b. IF YE IN CERTI	S, WERE FINDIN	NGS USED OF DEATH?	
ERT	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21r HOW IN II	RY OCCUPE	YES NO		ES DE PART 71	№ □	
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH				(E-1)Ch - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES  21d. INJURY OCCURRED	P.M.	19	211 LOCATION						
ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY C	OFFICE, FARM ETC }	STREET		CITY OR	OWN	COUNTY	STATE	
	22a I certify that (1) (this hosp-	attended the deceased t	romanil 1	189	19	to	7/84	19	that (I) (we) last	
	sow the deceased alive an				ur) opinion d	death occurred on the	date and ha	ui and from the	causes stated	
	22b. SIGNATURE	Λ	usen (	DEGREE ATT	ENDING YSICIAN 🏋	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	6/2	SIGNED Y	
	224 PHYSICAN'S NAME (TYPE C			22e ADDRESS						
	BURIAL, CREMATION, REMOVAL		1	EMETERY OR CRI		23d LOCATION  Fed	0 3	. COUNTY	s a Slate an	
I B	ürial	6-30-84	I HITTCI	cest Ce	111	red	carol	ine N	4d - 2163	

DHMH - 16 50M 4/B3 (VRA 15, 4)

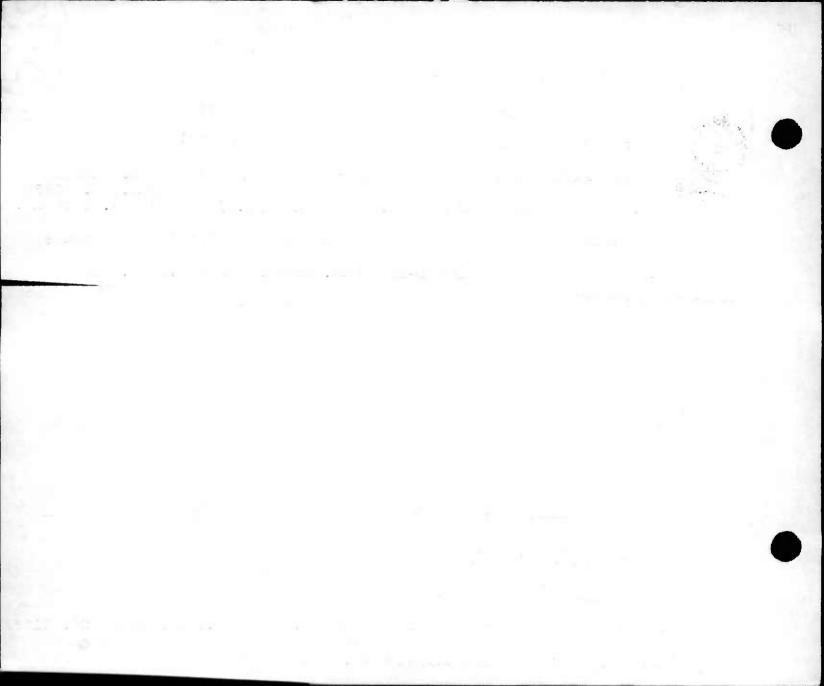
IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event; the

Williamsen F. H.

3/1 3. Mainst

Mel. 21632 5 98 WREGIS WAR DE REGISTRATION RE

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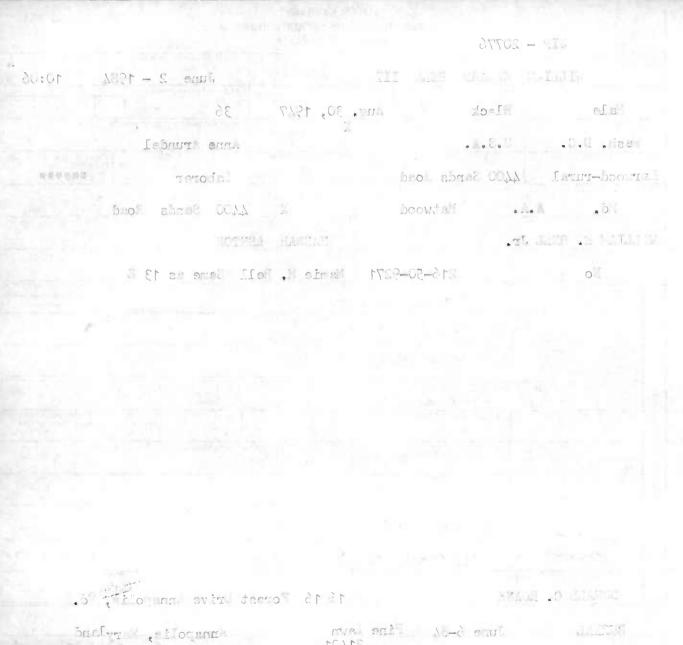


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours offer death. Page

retained by the haspital or attending physician.

BP. DHMH - 16 50M 1/76 (VR A 15 (4) )

		CEASED NAME FIRST WILLIA	M EDWARD	RELL	III	LAST	20. DATE OF DEATH  June	2 - 19	The state of	26 HC
	3 SE	× Male	Black	134	MON	OF BIRTH TH DAY YEAR 1947	6 AGE (IN YEARS LAST B	M	ONTHS DAYS	HOURS
41	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Wash. D.C.	76 CITIZEN OF W		Y? 8 MARRII WIDOW	ED NEVER MARRIED	9 BALTIMORE CITY Anna Arus	del	OF DEATH	
0	Ha	ITY OR TOWN OF DEATH	4400 Sa	nds Road	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST			
35	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO		GIVE RESIDENCE BEFO 13c CITY OR TO Hatwoo	NWN	13d INSIDE CITY LIMITS? YES NOT	13e STREET ADDRESS		a 20	ファ
20		THER'S NAME LLIAM E. BELL	MIDDLE Jr.	LAST		15 MOTHER'S MAIDEN N FIRST HANNAH	ASHTON MIDDLE	•		IST
1		VAS DECEASED EVER IN U.S. A (15 YES, O) OR UNKNOWN) (15 YES, G)	ARMED FORCES?	216-50-	-9271	Mamie M. Re		RESS		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one couse per SED BY: ATE CAUSE (0)	ENAL.	FAIL	URE			BETWEEN	ONSET A
		Conditions, if any, which gave rise to immediate couse (a), stating the	) '0			MELLTUS				_
	NOI	gave rise to immediate	DUE TO, OR	AS A CONSEQ	D DEATH BU	T NOT RELATED TO THE TER		NDITION GIVE	N IN PART 1	(0)
9	TIFICATION	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR	AS A CONSEQUENTRIBUTING TO	DEATH BU	T NOT RELATED TO THE TER		20b. IF YES,	WERE FIND!	INGS US
9	CERTIFI	gave rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN	DUE TO, OR  (c)  T CONDITIONS COI	AS A CONSEQUITING TO THE PROPERTY OF WHICH INJURY	D DEATH BU	TNOT RELATED TO THE TER ON WAS PERFORMED	RMINAL DISEASE OR CO	20b. IF YES, IN CERTIFY YES	WERE FINDI	INGS US
9	MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	DUE TO, OR  (c)  1 CONDITIONS COI  19h CO 1DI  21h. TIME OF HOUR A.M P.M  21e PLACE O	AS A CONSEQUENT OF THE PROPERTY OF THE PROPERT	D DEATH BU  TO DEATH BU	TNOT RELATED TO THE TER ON WAS PERFORMED	RMINAL DISEASE OR CO	20b. IF YES, IN CERTIFY YES	WERE FINDI	INGS US S OF DEA NO
9	CERTIFI	gave rise to immediate couse on stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFORMATION  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this has sow the decased alive obove, (1)) well labeled did	DUE TO, OR  (c)  T CONDITIONS COI  19b CO 4DI  19b CO 4DI  19b CO 4DI  21b TIME OF HOUR A.M P.M  21e PLACE O (AT HOME, STRE	AS A CONSEQUINITY OF INJURY  A. MONTH  A. MONTH  A. DE INJURY  Determine the property of the p	D DEATH BU  CH OPERATIO  DAY YEAR  19  E, FARM, ETC.)	21c. HOW INJURY OCCU	ZOO AUTOPSY?  YES NO  URRED (ENTER NATURE OF IN	20b. IF YES, IN CERTIFY YES	WERE FINDI YING CAUSE: TITIOR PART 2)	NGS US S OF DE/ NO
9	CERTIFI	gave rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINI 220.1 certify that (1) (this has saw the deceased alive above, (1), (well (did 1)) (did 1) (did 1) (did 1) (did 1) (22b. SID 1) a RE	DUE TO, OR  (c)  T CONDITIONS COI  19b CO 4DI  21b. TIME OF HOUR A.M P.M  21e PLACE O (AT HOME, STRE	AS A CONSEQUINITY OF INJURY  A. MONTH  A. MONTH  A. DE INJURY  Determine the property of the p	D DEATH BU  CH OPERATIO  DAY YEAR  19  E, FARM, ETC.)	21c. HOW INJURY OCCU	200 AÜTOPSY?  YES NO  URRED (ENTER NATURE OF IN  CITY OR TO	20b. IF YES, IN CERTIFY YES URY IN ITEM 18, PA	WERE FINDI	NGS US S OF DE NO
9	CERTIFI	gave rise to immediate couse on stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFORMATION  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this has sow the decased alive obove, (1)) well labeled did	DUE TO, OR  (c)  T CONDITIONS COI  19b CO 1D1  19b CO 1D1  21b. TIME OF HOUR A.M P.M  21e PLACE O (AT HOME, STRE	AS A CONSEQUINITY OF INJURY  A. MONTH  A. MONTH  A. DE INJURY  Determine the property of the p	D DEATH BU  CH OPERATIO  DAY YEAR  19  E, FARM, ETC.)	21c. HOW INJURY OCCL 21l. LOCATION STREET  Degree  ATTENDING PHYSICIAN 22e. ADDRESS	ZOO AUTOPSY?  YES NO  URRED (ENTER NATURE OF IN  CITY OR TO  to death accurred on the	20b. IF YES, IN CERTIFY YES  URY IN ITEM 18, PA  DWN  date and hour  AFF	COUNTY  9  and from the	that (I)



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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

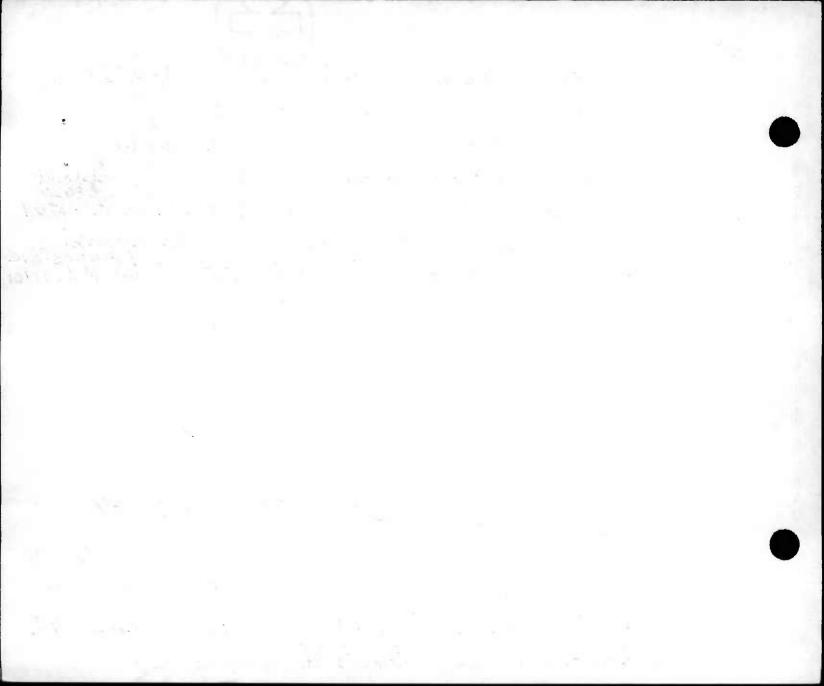
3	64	ì	ŝ	U	2	7
	REG. NO.					

		REGISTRAR				REG. NO			
		EASED NAME FIRST	Elizabeth	13/4	12C	(	5-2	384	3 PM
L	SEX	Female	4. RACE WhITE	5. DATE OF BIR	TH 2 - 1908	6 AGE (IN YEARS LAST BIRTI	YRS.	IF UNDER TYEAR	IF UNDER 73 HRS HOURS MIN.
I	1	RTHPLACE ISTATE OR FOREIGN PRINTERY) PRW TRYSRY	76 CITIZEN OF WHAT COUNTRY?	WIDOWED	NEVER MARRIED	BALTIMORE CITY OF	rund	12/	MD.
1	1	in na polis	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCKED CILITY, GIVE STREET)	ove Ro	HER INSTITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF OUSE WITC			ehold
7	1	EW-Tersey Mer	DIHER INSTITUTION, GIVE RESIDENCE BEFORE IN PROPERTY OR TON	N 13d.	NO []	13e.STREET ADDRESS /	Byecole	847	X109
1	1	Garry Ray	mond Mitche		MINNIE	WIDDIE	ac.Z	srows	21
		VAS DECEASED EVER IN U.S. AR res. nagruhknown) (1F Yes, GIV	MED FORCES?  E WAR OR DATES)  166 SOCIAL SECU  141-38-3	314 T	Phyllis Se	gambet fallers	337 Ar	IN M	d. 2141
		PART I. DEATH WAS CAUSE	oly ane cause per line far (a), (b), and D BY: TE CAUSE (a)	710 (PA)	CINUMA C	LColon 7	0	BETWEEN O	WATE INTERVAL INSET AND DEATH
		Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF		2100			
	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	196 CONDITION FOR WHICH			20g AUTOPSY?  YES NO	20b. IF YES,	WERE FINDIN	IGS USED
7 B	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR		RED (ENTER NATURE OF INJUR	IN ITEM TS PA	R1 1 OR PART 2)	
	WED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F.		LOCATION STREET	CITY OR TOW	77	COUNTY	STATE
		saw the deceased alive on	tal) ottended the deceased from	SEGR		death accurred on the da	e ond haur		
4		22d. PHYSICIAN'S NAME (TYPE O	Ma / Ay	(M, /)	ATTENDING PHYSICIAN C	MEDICAL STAF	AN D	16/2	13/84 mili
- 17	3a B	SURIAL CREMATION REMOVAL	23b. DATE 23t	NAME OF CEMET	ERY OR CREMATORY	23d LOCATION	10	(SOUNTY	11000
2		Duria DIVERAL DIRECTOR PROCESS TUNEY	16-26-89 G	Innapo	l's Md 1	/rentor ERECD. BY REGISTRAN IN 26 1984	y A.	Percer Baris SIGNATU Davidson	URE - Randell

DHMH - 16 50M 4/83 (VRA 15, 4)

TENDING

FOR



BP **DHMH** - 17

(VR A15 ME (5))

20M 4/82

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

FC			D	STATE OF	MARYLAND TH AND MENTAL H	YGIENE 4	15	30
- ST RE	GISTRAR		MED	DICAL EXAMINER'S	CERTIFICATE O	F DEATH REG	6. NO.	
	ASED NAME	FIRST		WIDDLE	LAST	20. DATE KNOWN	MONTH DA	AY YEAR 26. HOUF
(TIPE O	ok ekini)	Harr	V	W. E	oston	OF ESTI- DEATH MATED	□ 6-28	19 84
3. SEX	1	RACE	5. DATE OF BIRTH		UNDER 1 YR. IF UNDER		MONTH DA	24.1100
Ma	1e	White	9 19	08 74 YRS.	NTHS DAYS HOURS	MIN PRONOUNCED DEAD	6-28	19 84 3:55
7a. BIRT	HPLACE (STA	TE OR	76. CITIZEN OF WH	IAT COUNTRY? 8. MA	RRIED X NEVER MARRI	P BALTIMORE CIT	Y OR COUNTY O	FDEATH
Mar	yland		U.S.		OWED DIVORCE	Anne A	rundel Co	
10. CITY	OR TOWN C	F DEATH		PITAL, NURSING HOME, OR C	THER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE)		KIND OF BUSINESS OR INDUSTRY
A	nnapol	is	Anne Ar	undel General	Hospital	Supervisor		A & P
USUAL I	RESIDENCE I	F IN NURSING HOME O	OR OTHER INSTITUTION, GIV	PERESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	yland	A.A		Severn	YES NO T	1417 Larch	Road 211	144
14. FATE	HER'S NAME		MIDDLE	LAST	15 MOTHER'S MAIDE			LAST
J	ohn		C.	Boston	Laura		Lit	tchfield
16a. WA		EVER IN U.S. AR		166. SOCIAL SECURITY NO.	17. INFORMANT	ADDR		20112 2014
	YES	WW		215-03-3639	Anna Bosto	on 1417 Larch	Road 21	1144
NO	lying caus	NIFICANT CONDITIONS	(c) Contributing to of ath B	AS A CONSEQUENCE OF  UT NOT RELATED TO THE TERMINAL DIS		RT 1 (a).	20	0 AUTOPSY?  YES   YES   NO □
		CAUSE WAS	21b. TIME OF HOUR XX			to/fixed obje		
WEDIX 2	INJURY OF	CCURRED NOT WHILE DAT WORK that thook charge different work.	THE ACE OF THE PERSON OF THE P	Oad F	IOCATION STREET  Rt.2 near Bear apsy X, Inspection Hamicide SPECIFY) Deputy Ch.	achwood Rd., A	county rnold, Anr and in my opinion , DATE SIGNED	ne Arundel
23e BUR (SPE	RIAL, CREMAT	ia1	7/2/84	23c NAME OF CEMETER' Meadowridg	OR CREMATORY	23d LOCATION CITYOR TOWN Elkridge	Howard	Mary land
	VERAL DIRECT	OR	ADDRESS	21229	250. DATE F	REC'D. BY REGISTRAR 258 R	EGISTRAR'S SIGN	Astire 10
		neral H		4107 Wilkens		2 1984 8	1900 Sacon Labour	1 1

	11-	FOR STATE REGISTRAR			777.0		STA MENT OF EXAMIN	HEALTH		NTALH	-	44 H	REG. NO.	5	3	
		CEASED NAME OF PRINTE	FIRS	Ť		WIDDLE			LAST		20	DATE KN	OWN 🔀	MONTH DA	AY YEAR	2b. HOUR
ET, SS. S.	(148)	ORPRINI	DAY	7ID	НО	WARI		В	OWER S			DEATH M	ATED	6 19	1984	M
FEET FEET FEET FEET FEET FEET FEET FEET	3. SEX		4. RACE	5. DA	TE OF BIRTH	YEAR	6 AGE (IN YE	ARS IF UN		IF UNDER		DATE	D	MONTH D	AY YEAR	2d HOUR
N. 22 N. S.		le	White		3 13	43	41 <sub>Y</sub>		DAIS	HOURS		DEAD		6 19	1984	1:30,
E FUNESARY, PLEASE E FUNESAL DIRECTOR. E S FIGW YOUR FILES. TO WITHIN 72 HOURS.	FO	RTHPLACE (S REIGN COUNTRY)		7b. C	76. CITIZEN OF WHAT COUNTRY?  USA    B.   MARRIED   NEVER MARRIED     P. BALTIMORE CITY OF COUNTRY							MD				
> E 0 = 8/)//	10. Cf	TY OR TOWN	OF DEATH	(1)	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12d. USUAL OCCUPATION FOR MOST OF WORKING LIFE)				ION (TYPE C	F WORK 12h	OR INDUST	SINESS				
S S S S S S S S S S S S S S S S S S S	USUA			OME OR OTHER	663 New R INSTITUTION, GIVE	RESIDENCE	BEFORE ADMISS	ION)					IL AL	arys	0.24	1
H. IF ANY DELA 1, 2, AND 3 TO 3, 3. RETAIN PA 50 2 SHOULD BE PA 1 TAL RECORDS.	13a. S	Md.	13b. CC	. A.		13c CITY	ofton		YES T	NO [	13e STREE	3 Nev	v Wir	dsor	Cour	t
- 04	14. FA	THER'S NAME		MIDD	LE .		LAST		15 MOTHE	R'S MAIDE		MIDDI	E		LAST	
AND	Howard				Bowers  ED FORCES?  LIAB SOCIAL SECURITY NO.			Mar			zabet			Pyles		
IRS AFTER D S. GIVE PAG WITH FORM DIVISION O	16a. V (YI	YAS DECEASE ES, NO, OR UNKNO Yes		ARMED F			0-40-		2607 Howa	Mil rd E	lval	e Aye	ther i	J. Fo.	restv 7 Md.	ille
WIT P.		18 CAUSE C	F DEATH (Ente	er only one	cause per line f	or (a), (b)	, and (c).)								APPROXIMATI	INTERVAL AND DEATH
£×9≥2;	10	PARTIDE	ATH WAS CA	USED BY: DIATE CAL	JSE (a) Tr	ansec	ction	of br	achia:	l ves	sels		10.0			
THIN 24 JER ALON ANSIT PER AL HYGIE REMOVA	7	920	79	(	DUE TO, OR A	S A CON	ISEQUENCE	OF								
NER SANS		gave ri	ns, if any, w se ta immed	liate /	(b)											
ECUTED WI NE EXAMIN ORIAL - TRI ORIAL - TR		lying cau	stoting the <u>un</u> ise last.	der-	DUE TO, OR A	S A CON	ISEQUENCE	OF						14		
DE EXECUTE ENDING" IN R MEDICAL EXA AS A BURIAL ALTH AND ME CREMATION,		PART 2 DIHER SI	GNIFICANT CONDIT	IDNS CONTRIB	BUTING TO DEATH BE	IT NOT RELA	TED TO THE TER	AINAL OISEASE	OR CONDITION	GIVEN IN PA	RT 1 (a).				77.77	
AS A ALTH	MEDICAL CERTIFICATION	1					cerebe									
	3	19a. DATE OF	OPERATION		196 CONDITI	ON FOR	WHICH OPE	RATION W	AS PERFOR/	MED?				2	AUTOPSY	
INTOOK /	1														YES 🔀	NO 🗌
CERTIFICATE SHOULING THE WORD "PDED TO THE CHIEF 3 SHOULD BE USED DEPARTMENT OF HE PRIOR TO BURIAL, I PRIOR TO BURIAL,	100	LINDERLYING	AL CAUSE WA		11b. TIME OF HOUR A.M.	MONTH		R	OW INJURY	OCCURRE	D (ENTERNA	TURE OF INJURY	IN ITEM 18 PA	RT I OR PART 2)		
SA SE	CA	CONTRIBUTI	NG 🗌 CAUSE	OF DEATH	1:10xx				bject	acci	denta	lly cu	ıt se]	f.		
	A P	21d. INJURY O	NOT WHILE	52	STREET, FACTO			S	TREET			CITY OR TOWN		COUNTY		STATE
WRIT WARDI PAGE 2120]	1	AT WORK	AT WORK	ĎŐ	home			16		w Win	dsor	Ct.,Cr	coftor	, Anne	Arund	el,
" M W " W - A M		22a I certi	fy that I took c	harge of th	ne remains desc	ribed oba	ve, held an	Autop	x X	Inspection	n .	Inquiry	, ond	in my opinio	n	Md.
MINITED STATES		deoth result	ed form:	Notural cou	ises L.,	Accident	X , S	vicide	, Hamic	ide	Undeter	mined mann	er .			
AL EXAMINER HE CERTIFICAT HOULD BE FOR AL DIRECTOR TH, WITH THE E, MARYLAND		ACTUAL SIGNATURE.	m	5	200	_		M	TITLE (SE		t MEDIC	AL EXAMIN	ER	DATE SIGNED_	6-19-8	4
TO MEDICAL EX EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI BALTIMORE, MAR	V	EXAMINER'S (TYPE OR PRI		n M.	Dixon,	M.D			ADDRESS_	111	Penn	St., E	Balto.	, Md.	2120	1
	23a.B		TION, REMOV	AL 23b. DA	1E	23c. N	NAME OF CE	METERY O	R CREMATO	ORY AM	23d. LOC	ATION	ham.	Dconar	. Mds	ATE
BP	24 F	JNERAL DIREC		+ F	Wilhel	m	4308	Suit	land	250. DATA	MCA BER	EG 812 VAL	25 RIGIS	KARGENEN	Rendal	0 5
DHMH - 17 (VR A15 ME (5))		NAME	al Hom	e e	Wilhel Rd., S	uit	land,	Md.	Tana	JU	W 2 0	1004	guion	DIED LANDER		•
20M 4/B2																

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signed

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burial, crematian, ar

priar ta t

and Mental Hygiene

of Health

shauld be detached with the State Dept.

MPORTANT: IF

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marked ar Hem

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burial-transit

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CERTIFICATION

- STATE REGISTRAR DECEASEDNAME

(TYPE OR PRINT)

Male 70. BIRTHPLACE (STATE OR FOREIGN

West Virginia

10. CITY OR TOWN OF DEATH

William 160 WAS DECEASED EVER IN U.S. ARMED FO

(YES. NO OR UNKNOWN)

USUAL RESIDENCE (IF NURSING HOME OR OTHER IN

220.1 certify that (1) (this haspital)

Daniel Bakal M.D.

Glen Burnie

laryland 4 FATHER'S NAME FIRST

3. SEX

FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		NO.	5 0	3	2	
EASED NAME	FIRST	M	DDLE	L	AST	20. DATE OF DEATH			2b. HOUR	Α.	
	PIERC	IE J	OHN	BR	AY		June 28	,1984	12:12	2 M	
Male		White	100	5. DATE C	of BIRTH . 9, DAY 1914 YEAR	6. AGE (IN YEARS LAST		UNDER 1 YEAR	HOURS	MIN.	
st Virginia U.S.A			HAT COUNTRY?	AT COUNTRY? 8.  MARRIED NEVER MARRIED WIDOWED DWORCED			9 BALTIMORE CITY OR COUNTY OF DEATH  Anne Arundel County  M				
Y OR TOWN OF DEATH 11. NAME OF			FACILITY, GIVE STREET A	LITY, GIVE STREET ADDRESS)			ATION STOF WORKING LIFE) .an	12b. KIND O INDUSTRY Elec	f BUSINES tric	SOR	
RESIDENCE (IF NURSING ATE / Land  THER'S NAME FIRST	Anne		Severn		13d. INSIDE CITY LIMITS? YES NO TO TO THE STATE OF THE ST		s Cross:	ing Ro		114	
William			Bray		Nellie			(unkno			
AS DECEASED EVER II S, NO OR UNKNOWN) No		MED FORCES? WAR OR DATES)	236-03-		Lonnie T. Br		gustine e, Mary	land 2	1227		
18. CAUSE OF DEATH PART I. DEATH WA	AS CAUSE	Ó BY: E CAUSE (¤)	AS A CONSEQUE	rua	nour Clef a	erecusio	1 lane		MATE INTERV DINSET AND D		
Conditions, if ony, gove rise to imm couse (a), stating underlying couse	ediate the	DUE TO, OR	as a conseque	NCE OF							
PART 2. OTHER SIGN	IFICANT C	ONDITIONS <u>CO</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CO	ONDITION GIVE	V IN PART 110			

gove rise to immediate couse (a), stating the DU underlying couse lost. PART 2. OTHER SIGNIFICANT CONDIT 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [ NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY STATE

CITY OR TOWN COUNTY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

saw the deceased alive an and that in (my) (sor) apinion death occurred on the date and hour and from the causes stated above. (1) (wettid) (did no 22b. SIGNATURE DEGREE STAFF ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

600 Reisterstown Road Pikesville, Md. 21208

Builter Builds			, , , , , , , , , , , , , , , , , , , ,		
Burial, CREMATION, REMOVAL  SPECIFY Burial	23b DATE 6/30/84	23c. NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery	23d LOCATION CITY OR TOWN Dorsey	COUNTY	STATE Md.

Leroyand. & Russell C. Witzke Euneral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

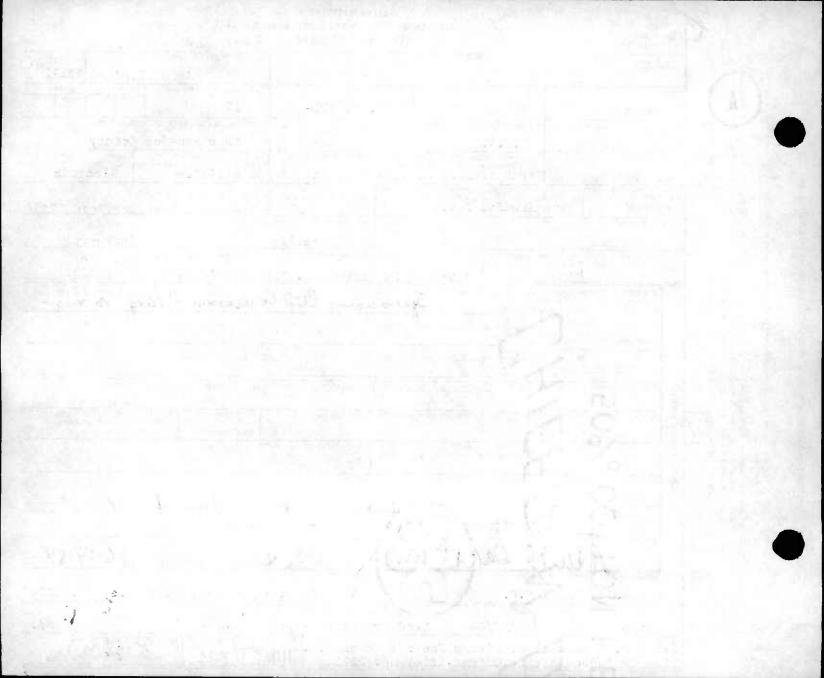
attended the deceased from

REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL DIRECTOR:

0



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled should be detached for use as the build-tronsit permit. Then please remove carbonopopers. Pages 1 and 2 should with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

### STATE OF MARYLAND

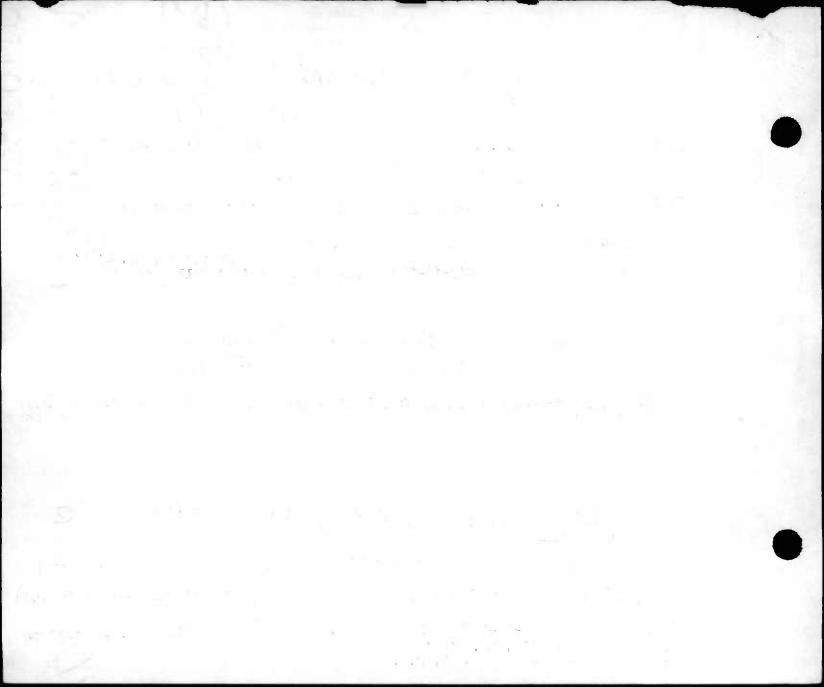
	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO.	3 0 0 0
		EASED NAME FR	1 1	MIDDLE	ast ast	20 DATE OF DEATH MONTH O	3 84 5:45 Am
	3. SEX		2Nell ARACE ARICE	5 DATE C	DAY YEAR		IF UNDER I YEAR IF UNDER 24 HRS
1	C	RTHPLACE (STATE OR FOREIG	-	WHAT COUNTRY? 8 MARRIEI		BALTIMORE CITY OR COUNTY	OF DEATH
		YLAND IY OR TOWN OF DEATH		WIDOWE HOSPITAL, NURSING HOME CO		17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
		RESIDENCE (IF NURSING H	OME OF OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  ANNAPOLIS	13d. INSIDE CITY LIMITS? YES A NO	130 STREET ADDRESS / ZIP CODE 1701 Wells Stre	et 2/40/
1		THER'S NAME FIRST WILLIAM	WIDOLE	BROWN  166. SOCIAL SECURITY NO.	15. MOTHER'S MAIDEN NAME FIRST HETTA	MIDDLE	NDERSON
	16a W (YI	ES, NO ORUBENOWN) (IF	d. 21401 eet				
ı		18 CAUSE OF DEATH (ER PART I. DEATH WAS C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if any, whi	ich ( (b)	R AS A CONSEQUENCE OF	roion M	unis	
		underlying couse lo	(c)	R AS CONSEQUENCE OF	Borul O'	Sstrctim	
	ATION	PART 2 OTHER SIGNIFIC	otherosc	CONTRIBUTING TO DEATH BUT LEWTIC TECHT ITION FOR WHICH OPERATION	T Disease.	COPD, Cudu  200 AUTOPSY? 200. IF YES,	CTION System
7	CERTIFICATION	21g. ACCIDENT WAS UNDERLYI	NG T 21b TIME O	F IN ILIRY	171, HOW IN IURY OCCUR	YES NO YES	
1	MEDICAL C	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH DAY YEAR M. 19		(EMIEK ANTORE OL MATORA MATIEW 19 LY	NT TORPART 2)
	WED	WHILE OCCURRED NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify the (1) this aw this dycaded of above (1) we) (did) (		12 19 84 00	d that in (my) (our) opinion o	to	ond from the couses stated
		21h SIGNATURE	Cler	mouss	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	COLLS 184
		genget	PRPRINT) SA	MARAS	22e ADDRESS Prid	gely Ave	Aunapolis ms
		urial, cremation, remi BEAL	0VAL 236 DATE 6-16-1		EMETERY OR CREMATORY  MEM. PARK	3d LOCATION CITY OR IOWN	COUNTY STATE
		NERAL DIRECTOR Any		1. 21401		Annapolis EREC'D BY REGISTRAR 29 REGISTE 1191984 Fulla Da	A Maryland  PAR'S SIGNATURE  Wildow - Pandall

DHMH - 16 50M 4/83 (VRA 15, 4)

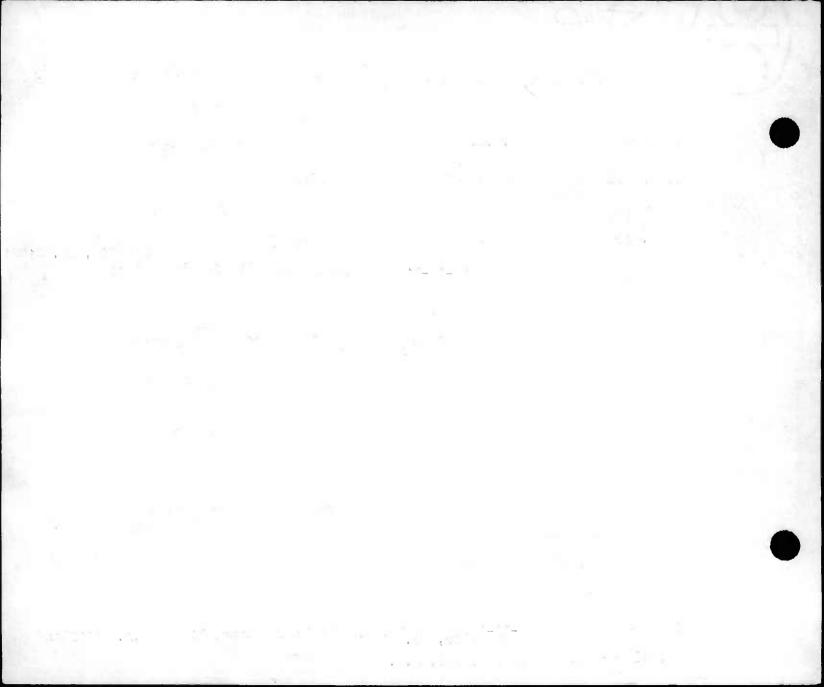
etained by the hospital ar attending physician.

6-16-1984 PINEL COOR Annapolis, Md. 21401 REESE & SONS MORTUARY, P.A.

JUN 1 9



2	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE REG. NO.	5004		
. 84		CEASED NAME FIRST	MIDDLE	LAST TO THE REST OF THE PERSON	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR O		
nay be page 3 r death		BRow	N. VIOLA	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS		
ctor, F	3 SEX	LEMALE	BLACK	MONTH DAY YEAR	77	MONTHS DAYS HOURS MIN.		
and the same		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH		
1500		RYLAND	U.S.A.	WIDOWED XX DIVORCED		NPEL MD.		
133	ANI	TY OR TOWN OF DEATH	ANNE ARUNDEL G	ENERAL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY		
filled in sould be	USU/ 13a, S	STATE 136. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE  ATTY  A. 13c. CITY OR TOW  A. AWARE	ADMISSION)  13d INSIDE CITY LIMITS?  YES NO	130 STREET ADDRESS / ZIP COIL	PKW4 401		
mpletely and 2 sh	14. FA	JOHN	BROWN AST	15. MOTHER'S MAIDEN NA FIRST CARRI	MIDDLE	SAVOY		
n and ca Faget 1		VAS DECEASED EVER IN U.S. AR. YES, NO ORTHOUGHOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 212-14-3		000 000 00 00	napolis, Md. 2140 rkway		
equires that the death certificate in signed by the attending physics from burial, cremation, or removal injury, or other traumatic event.	NO	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	youly fail	AIN AL DISEASE OR CONDITION G	IVEN IN PART Ito		
he low re on. hos been t permit. I iene prior	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \( \text{NO} \)		
YSICIAN: The lading physicion. s certificate has bound-transit per Mental Hybons.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THE HOUR A.M. MONTH DA		RED (ENTERNATURE OF INJURY IN ITEM LE	PART   ORPART 2}		
IG PHYSi attending for this or s the bur s the bur rked or tt	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE		
TTENDIN pital or TOR: Af- for use a of Health		22a. I certify that (I) (this haspital) attended the deceased from 19 to						
ral OR a y the hospital DIREC detoched of Dept.		22b. SIGNATURE	Pun h -	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	DATE SIGNED		
TO HOSPITAL C retoined by the TO FUNERAL D sishould be detected with the Store IMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE O	BATKIN	S 22e ADDRESS		19 mm (0 mm)		
BP		BURIAL, CREMATION, REMOVAL	236. DATE 236 N 6-15-1984 HI	NAME OF CEMETERY OR CREMATORY  LL_CREST CEMETERY	23d LOCATION CITY OR TOWN	COUNTY STATE		
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR  ILLTAM REESE &	SONS MORTUARY F	25. DA	9 1984	STRAR SISIGNATURE		



executed within 24 and completely and 2 sil

deoth certificate be

TENDING PHYSICIAN, The

FOR - STATE

Funeral Chapel-Honagolis MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

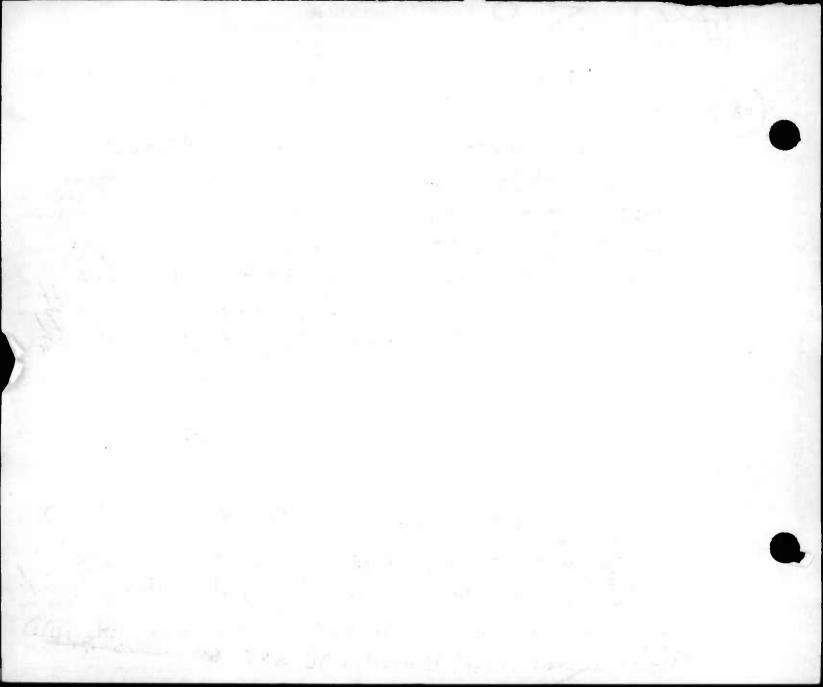
	REGISTRAR		CERTIFICATE OF DI	EAIH	REG. N	Ο.		
	CEASED NAME FIRST	» MIDDLE	LAST	,	20 DATE OF DEATH	MONTH DAY	YE AR	2b HOUR
(TYPE	Fan r	ne m.	Budo	/		6 3	84	0250
. SE	Acres 1	1. RACE	5 DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
1	Female	white	S /2	S S	76	YRS.		HOURS MIN.
e B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	ARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
M	laryland	USA	WIDOWED DIV	ORCED X	Anne A	rund	elC	O., MD.
n	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		TUTION	120 USUAL OCCUPATI		126. KIND O INDUSTRY	F BUSINESS OR
F	nnapolis	Hone Hrunde	1 General 1	losp,	Homem	alter	There	me_
	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 13d INSIDE CIT	NO X	13e.STREET ADDRESS		0/21	to3 Drive
M.F.	ATHER'S NAME		15. MOTHER'S	MAIDEN NAM	NE .			
1	Clinton	MIDDLE Etheric	dae Lu	"I'u	MIDDLE		Bea	1
	WAS DECEASED EVER IN U.S. AR YES IND OR UNIMIDIONI) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	IRIO NO. 17. INFORMAN	11	ADDRE	SS SC	sme	as
·	NO	- 518-30	86911 Kobs	ert R	Gingel	1-	出:	3
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line or (o), (b), on	id (c).)		9		BETWEEN O	ONSET AND DEATH
		TE CAUSE (0) CONCL	1-unp	mm	primary		m	ne
	1991	DUE TO, OR AS A CONSEQU	ENCE OF	2	. 111		1.1	11
	Conditions, if ony, which	( b) Front	my (L) -	( ) -	Variable del	-	mo	ne
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		0			
	underlying couse lost	icl						
_	PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	O THE TERMI	NALDISEASE OF CON	DITION GIVEN	IN PART 11	0.0
ó								
CERTIFICATION	1% DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFOR	MED	286 AUTOPSYT	WERE FINDINGS USED ING CAUSES OF DEATH?		
Ŧ					YES   NOX	YES		NO 🗌
8	21s. ACCIDENT WAS UNDERLYING	CARRIED & AL ALCOHORS IN	AY YEAR TIL HOW INJ	URY OCCURR	ED (ENTERNATION OF NO	EX PLUTE/A 18 FART	LOS FAREZ)	
₹	OR CONTRIBUTING CAUSE OF DEA	American (50%) - 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1	19					
MEDICAL	214. INJURY OCCURRED	21s. PLACE OF INJURY	711, LOCATIO	N	smrow to	nette:	COUNTY	STATE
Σ	WHILE AT WORK AT WORK	INTHONE STREET FACTORY OFFICE	AMACUIC)	-/				
	22s.1 certify that (1) (this hospi	tall attended the deceased from		19 /6	10.6/3		07	tho (ii (ye) last
	saw the deceased alue on obayer (I) well (did) (did no	thew the body after death.	and that in (my)	Bur) opinion d	eath occurred on the d	ate and hour a	nd from the	causes stated
	276 SIGNATORE	11	DEGREE				221. DATE	SIGNED
	Joseph	1- Frum.		TENDING HYSICIAN	MEDICAL STA		6/9	1/84
	THE PHYSICIAN'S DAME ITHE	EPRINTY I	72* ADDRESS	1	/ 1/	iA	1	
	Joseph	N. Mens	205	Kulga	ty the	BUN	copy/	is, wy
	BURIAL, CREMATION, RÉMOVAL	23b, DATE 23c.	NAME OF CEMETERY OR C	REMATORY	1234 LOCATION		#	
Y	DILLIA	June 61984 +	lillarest		Annapa	Irs	ATA.	WD
24 E	UNERAL DIRECTOR	2000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25a. DATE	REC'D. BY REGISTRAR	216 REGISTRA	RIS SIGN	MODEL
1	War Pinona	1 Changla Ha	nagatis M	AUL I	17 1984	who Dav	ACON - A	participation in the second

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After the certificate has been upned by the ottending physicion and co should be detached for use as the build-mand permit. Then please remove corbon papers. Pages 1 with the State Dept. of Health and Mental Hygans prior to burior cremotion, or removal.

miury, or other troumotic event, the

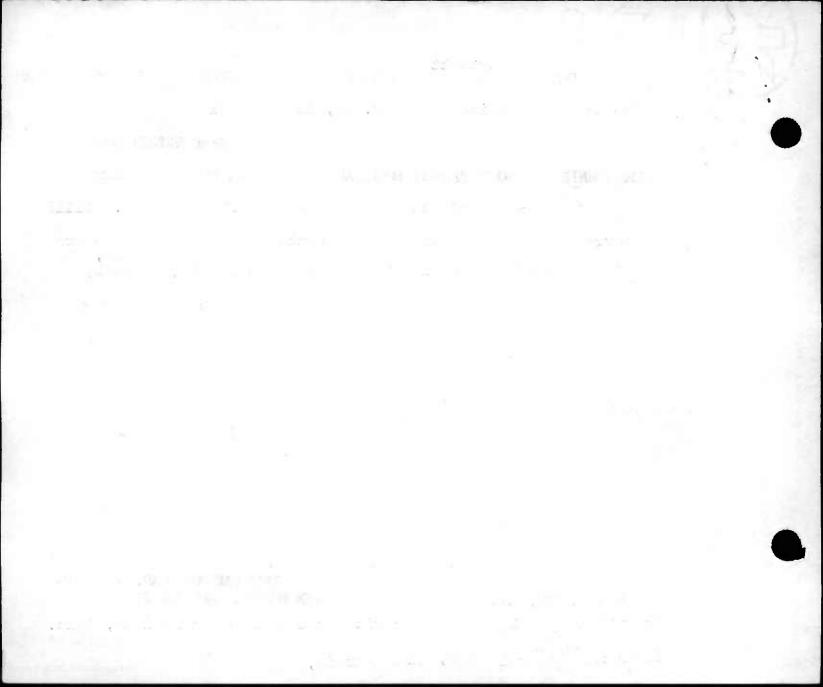
IMPORTANT: If hem 21 is marked or hem 18 shows ony



DHMH

15	1 - :	FOR STATE REGISTRAR			DEPARTA		EALTH AND ME		REG. NO.	3	2	EDT
A	I. DECE	ASED NAME	IRIS		lett B	BURDE	AST ETTE		JUNE JUNE	8,		26 HOUR 647 AM
	3. SEX	female		race <b>whi</b>	.te	5. DATE O	• 20°,		6 AGE TIN YEARS LAST BIRTHDAY  61		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
35	(0	HPLACE   STATE OR		U	WHAT COUNTRY?	WIDOWE		RCED	9 BALTIMORE CITY OR CO ANNE ARU		COUNT	MD.
by the f	1	GLEN BURN	NIE	NORT	OSPITAL, NURSIN H FACILITY, GIVE STREET H ARUNDEI			UTION	12th USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WOR CLERK	KING LIFE)	126. KIND O INDUSTRY EXXO	r BUSINESS OR
filled in	13e ST.	MD	136 COUNT		GIVE RESIDENCE BEFORE 136. CITY OR TOW Odento	ADMISSION) N			13e STREET ADDRESS / ZIP 8234 Loku	CODE S R	d. 2	1113
ompletely ond 2 s	1	George		IDDLE	Weber			rtha	WIDDLE			arp
S. Poges 1	16e WA	S DECEASED EVER	IN U.S. ARM	NED FORCES?	166 SOCIAL SECU 219/12		Georgi		uczinski (d	augl		
g physici on paper emaval. event, th	1	PART I. DEATH V	VAS CAUSED	one couse per BY: CAUSE (0)	Massive	-00 11	noxary	Hem	whose		BETWEEN	MATE INTERVAL ONSET AND DEATH
ed by the ottendin		Conditions, if ony gove rise to im couse 101, stotiunderlying couse	mediote ng the e lost.	DUE TO, OR AS A CONSEQUENCE OF  (b) LIVE (SOLOTIA)  DUE TO, OR AS A CONSEQUENCE OF  (c)					DNI CIVEN		month	
cian.  e has been sign sit permit. Than glane prior to bi	RTIFICATION	Composition of the contract of	mic C	196 CONDI	tive Lun TION FOR WHICH	5 D	N WAS PERFORM	AED	200 AUTOPSY? 206	IF YES, V CERTIFYII YES	VERE FINDING CAUSES	
ding physical certificat building the Membel Hyper Terminal Hyper	Į ₹	TO ACCIDENT WAS UNDER CONTRIBUTING (IF EITHER NOTIFY MED TO IN JURY OCCUR	CAUSE OF DEAT	HOUR A./	M. MONTH DA M.	YEAR 19	211. LOCATION		ED (ENTER NATURE OF INJURY IN I	EM IB PART		
a atter the seath and a		WHILE NOT WAT WO	ORK	والم ottended	eet, factory, Office, f	ARM, ETC )	STREET	19_84	city OR TOWN	, 19	COUNTY	that (I) (we) lost
the hasp-tal cat DIRECTOR detached for one Dept. of M		sow the deceos obove, (1) (we) ( 2b. SIGNATURE	did) (did no	yiew the body	ofter death.	, ,	DEGREE ATT	ENDING .	MEDICAL STAFF DIRECTOR PHYSICIAN		22c. DATE	
tuned by	2	2d. PHYSICIAN'S N	S. HSU	M.D.			22e ADDRESS	EN BUR	45 OAKWOOD RO			104
BP	C	rial, CREMATION remation		11 Ju			EMETERY OR CRE	EMATORY	Inc Cation	vili	Le, B	
AH - 16 50M 4/83 (VRA 15, 4)	Si	ngleton	Fune	eral H	Iome, G.	len ]	Burnie.	MD.	REGID BY REGISTRAR 18.	EGI90RA	Kr. Slenk	PHOTOTO

STATE OF MARYLAND



### STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME EIRST	MIDDIE	Bunc	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Geor	JE F.	BURNS	0-19	4-84 4
3 SE	X	RACE ~	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IE UNDER TYEAR # UNDER 24
	MALE	WHITE	1-10-02	8 - YRS	
	COUNTRY)	TO CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	TA	USA	WIDOWED DIVORCED	HA CO	4
10. C	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURS (IF NOTAN SUCH, EACILITY, GIVE STREET</li> </ol>	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINES
1	musclis	(IF NOTE SUCH SICILITY, GIVE SIRE	PLAN HOD	(TYPE OF WORKING ) IF	INDUSTRY D
USU	STATE / 136 COUN			Lu CTOSET ADDRESS L'EIR CODE	214
130. ;	STATE 136 COUN	TY DESCRIPTION TO	WN 13d INSIDECITY LIMITS?	13e STREET ADDRESS / ZIP CODE	EPD.
14. F/	ATHER'S NAME	7	V 15. MOTHER'S MAIDEN N.		
	ILAn Soul	HUR'N	15 FIRST	ZT+11DDIE	DI TOAL I
16n \	WAS DECEASED EVER IN U.S. ARA	70.0.0	CURITY NO. 17 INFORMANT	ADDRESS	200 ADIND
		WAR OR DATES	JIST ALANCU	Pisinaciai	BBAZH 1
_	100	10610	3/33/10/10 - /	V 1341(SKC1-3	EVERNA I
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		adico D	1	APPROXIMATE INTERVA
		E CAUSE (a)	1 vences to	ular	1-wh
		DUE TO, OF AS ACONSED	LIENCE OF 1 -1	10	1 , 1
	Conditions, if ony, which	EXIC	nounc (drite	Concernan	1-wn
	gove rise to immediate	6.	4	(/	
	couse (a), stating the underlying cause last.	DUE TO, OMAS CONSEQU	UENCE OF 19	10 101	
	onderlying cause last.	Chron	ue pener to	urun, our.	
.,	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART Tro
CERTIFICATION	ti brose	2-			
CAI	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH
TE					NO [
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	
	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR		ART I OR PART 2)
¥		D AA	10		ART I OR PART 2)
DICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE	P.M.  21e PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	
MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (4	21e PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE  offeeded the deceased from	FARMLETC) 211 LOCATION STREET	1 to 6-14	COUNTY STA
MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHIE NOTWHIE ALL WORK  22a.1 certify that (1) (1)  sow the deceased alive on.	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  ottended the deceased from	FARMLETC) 211 LOCATION STREET	to 6 - 4	COUNTY STA
MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (4	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  ottended the deceased from	FARMLETC) 211 LOCATION STREET	1 to 6-14	COUNTY STA
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHIE NOT WHIE AT WORK  220.1 certify that (1) (1)  sow the deceased alive on obove, (1) (was hely (did not obove, (1) (was hely (was	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  ottended the deceased from	, FARM, ETC.) 211 LOCATION STREET  , ond that in (my) (and opinion DEGREE) ATTENDING	deoth occurred on the date and hour	COUNTY STA
MEDICAL	(IF EITHER NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHITE NOT WHITE ALWORK ALWORK IN HOLD HOLD HOLD HOLD HOLD HOLD HOLD HOLD	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  ottended the deceased from	, FARM. ETC.) 211 LOCATION STREET , 19 DEGREE, ATTENDING PHYSICIAN	deoth occurred on the date and hour	COUNTY STA
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHIE NOT WHIE AT WORK  220.1 certify that (1) (1)  sow the deceased alive on obove, (1) (was hely (did not obove, (1) (was hely (was	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  ottended the deceased from	, FARM, ETC.) 211 LOCATION STREET  , ond that in (my) (and opinion DEGREE) ATTENDING	deoth occurred on the date and hour	COUNTY STA
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230 (	(IF EITHER NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHIE NOT WHIE ALWORK 270.1 certify that (I) (U  sow the deceased alive on above, (I) (Wall of the colore), (I) (Wall	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  ottoded the deceased from points of the deceased from private the body ofter death.	, FARM. ETC.) 211 LOCATION STREET , 19 DEGREE, ATTENDING PHYSICIAN	deoth occurred on the date and hour	COUNTY STA
230 [	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK AT WORK  220.1 certify that (1) (U  sow the deceased alive on obove, (1) (W  20.1 IGNATURE  2. IGNATURE  2. IGNATURE  2. Id. PHYSICIAN'S NAME (1995 OR	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  ottoded the deceased from points of the deceased from private the body ofter death.	PARM ETC.)  211 LOCATION STREET  19  Ond that in (my) laws opinion  DEGREE, ATTENDING PHYSICIAN  22e ADDRESS  ATTENDING PHYSICIAN	deoth occurred on the date and hour	COUNTY STA
230 [	(IF EITHER NOTHY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHIE NOT WHIE ALWORK 270.1 certify that (I) (U  sow the deceased alive on above, (I) (Wall of the colore), (I) (Wall	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  ottoded the deceased from points of the deceased from private the body ofter death.	PARM ETC)  211 LOCATION STREET  19  ATTENDING PHYSICIAN  22e ADDRESS  NAME OF CEMETERY OR CREMATORY  USUALWALLIA	deoth occurred on the date and hour	county sta

DHMH - 16 50M 4/83

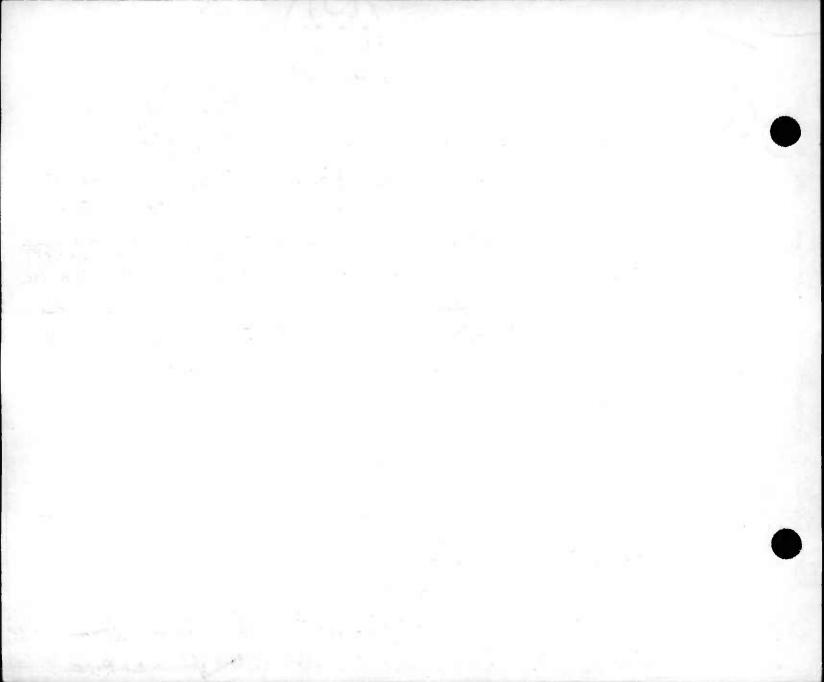
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital or attending physician.

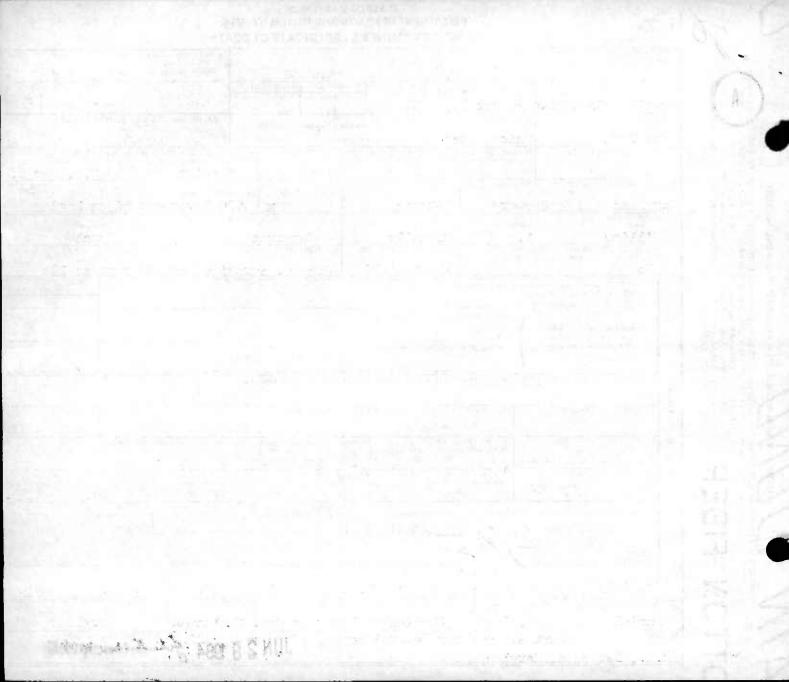
(VRA 15, 4)

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20M 4/82

STATE OF MARYLAND



executed within 24 hours after death. Page

requires that the deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospitot or ottending physicion. and completely filled in by the loges I and 2 should be filed wil

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the busiol-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.

	1.	FOR - STATE			DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 4	4	5 )	3 4
		REGISTRAR						REG. N			EDT
		CEASED NAME	FIRST		MIDDLE	· ·	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
		R	EESE	7	ASSESS.	BURTON	I, In.	JUNE	8.	1984	440 PM
1	3. SE	X Male		White		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 MRS
1		mare		write		Augu	st 25, 1922	61	YRS.	NIHS DAYS	HOURS MIN.
1	26. B	IRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	XX	9 BALTIMORE CITY		F DEATH	1 1 1 1 1 1 1
50	51	Maruland		11.5.	A.	MARRIE	and the same of th	ANNE A	RIMDEI	COUNTY	
0		ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS OR
14		CIENI DIDNIT	E	(IF NOT IN SU	CH FACILITY, GIVE STR		TTAT	STYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY,	4.000
9-/	USU	GLEN BURNI		OTHER INSTITUTION	ARUNDE		IAL	Retired Un	LVEIL	900a	Humon
2	13a.	STATE ]	131 COQ		124. CITY OR TO	NWC	134. INSIDE CITY LIMITS?	130 STREET ADDRESS	10	101	24.22
E	_	Manyland		112	Baltimo	re	YESK NO		and Bed	ich Kd.	21 226
是り	14. FA	Reese	8	WIDDLE	Brick	rton	15 MOTHER'S MAIDEN NA	A. MIDDIE		LAS	
/ ×/-(			C	D	- 421	00010		(Unknown)			
dico		WAS DECEASED EVER				CURITY NO.	17. INFORMANT	ADDR	Balto.	Md. 21	226
The state of the s		YES, HOOR SHKNOWN)	M	WAR OR DATES	217-26-	8248	Mrs. Hazel I	. Burton #2	2 Green	rland L	Beach Rd.
the state of		18 CAUSE OF DEATH			r line for (o), (b),	ond (char)				BETWEEN	MATE INTERVAL
Vent		PART I. DEATH W		E CAUSE (a)	Cardin	Ouln	renerve ar	most			
tic e	17/	4292	MANGEDIA		D AS A SONISE	VIEW CO.			,		
OHO		Conditions, if any,	which	DUE TO, C	OF AS A CONSEC	2 SALO	orbe cand	dascular	dinor	mi	
tro		gove rise to imm	nediote	) (0)		/ N   W/	V120 C0141	A CO SCANIO.	LANIAL		
or other troum		cause (a), stating underlying cause		DUE TO, C	DEVA DE	OV OI	allow no	reduct		100	
		BARY 2 OTHER SICA	HEICANIT	(c)	CAMPIBLIANCE	O DE ATH BUT	NOT DELATED TO THE TEST	X CALVIT	DITION CIVE	LINI DADT 1.	
injury,	z	CODO	VIFICANT	CADITIONS	OHIRIBUTING!	O DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR CON	IDITION GIVE	Y IN PAKT TIC	
2	1 1	190. DATE OF OPERAT	ION A	110h CONIC	VITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20h IE VES	WERE FINDIN	CS LISED
31	CERTIFICATION	196. DATE OF OPERAL	1014	176 CONL	MION FOR WHI	Ch OFERATIO	N WAS PERFORMED		IN CERTIFY	NG CAUSES	OF DEATH?
Sp	Ē			ON THEF	DE INTUINE		Tal. How himpy occurs	YES NO	YES		NO 🗌
00/1		21a. ACCIDENT WAS UND		1100100 1	.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	T ) OR PART 2)	
or Item	2	LIFEITHER, NOTIFY MEDIC			.M.	19					
ō	MEDICAL	21d. INJURY OCCURR			OF INJURY	E. FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
rke	1	AT WORK AT WOR	RK				C.	1		a.l.	
s mork		220.1 certify that (1)	(this hospit	ol) attended t	he deceosed from	m BAR	1 19 8	10 CUNB	0 19	87.	that (I) (we) lost
21		saw the decease abave, (1) (we) (d	ed olive on	View the body	ofter death	0 1,01	d that in (my) (our) opinion	death occurred on the d	ote and hour	and from the	couses stoted
#e #		226. SIGNATURE		7	7	1100	DEGREE	F. F. C. C.		22c. DATE	SIGNED
*		THE PT.	- 1	70 8	(DY	CK	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	6/	9/80
Z		22d. PHYSICIAN'S N	ME DING	PRINT)			Too. ADDRESS			WITTE C	
OR!							784	45 OAKWOOD	RUAD, S	WITE 2	200
¥+-	-	IRA E.	KAPLA	N. M.D.			GIEN DIR	VIE MARYLA	ND 210	61	

130 NAME OF CEMETERY OR C

Home of Pasadena 10 Pasadena, Md. 211

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BP. DHMH - 16 50M 4/82

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23a. BURIAL, CR.

(VRA 15, 4)

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(VRA 15, 4)

urs ofter death

1.	FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH				FDT
	ECEASED NAME FIRST MARIE	MIDDLE	CAIN	REG. N 20. DATE OF DEATH	MONTH	1984	26. HOUR
3. SE	Female	4 RACE White	5. DATE OF BIRTH  NOV. 23, 1905  YEAR	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 2
1	BIRTHPLACE (STATE OR FOREIGN SOUNTRY) Maryland	76 CITIZEN OF WHAT CO	WIDOWED DIVORCED	ANIMIH AL	_		
	GLEN BURNIE	NOR THE ARUN	NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST Factory	OF WORKING LIF	12b. KIND OF INDUSTRY	_
130. S	JAL RESIDENCE (IF NURSING HOME O STATE 13b. COU JATHER'S NAME FIRST ONSEU -	A. (o. Bala	OR TOWN  13d. INSIDE CITY LIMITS: YES NO IX  15. MOTHER'S MAIDEN  1451  15. MOTHER'S MAIDEN  16. MOTHER'S MAIDEN  17. MOTHER'S MAIDEN  18. MOTHER'S MAIDEN	5113 4th	, St. Bo	ulto Md.	2122; Last
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCI	alsecurity no. 17 informant 22-8613 Mr. George W	ADDR. (ain, Jn. 127	PICLICIT		Lled 2170
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CO	ite fermeral	oches.	ien	140	long
CATION		(b) ACO DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTIONS	este fermeral.  Instantate Co	Coles  RMINAL DISEASE OR CON  200 AUTOPSY?	20b/IF YES	, WERE FINDIN	doz, GS USED DE DEATH
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	CONDITIONS CONTRIBUTION FOR  19b. CONDITION FOR  19b. Time of injury HOUR A.M. MON	INSEQUENCE OF AND THE TELEPHONE OF THE T	1.45	200 IF YES IN CERTIF YE URY IN ITEM 18 P	S, WERE FINDING YING CAUSES O	DF DEATH
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK SOW the deceased olive of sow the deceased olive of stating and the couse of	DUE TO, OR AS A CO (c)  CONDITIONS CONTRIBUTI  19b. CONDITION FOR  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)  at Joyce the body ofter deat	INSEQUENCE OF ING TO DEATH BUT NOT RELATED TO THE TERMINATION WAS PERFORMED & 216 HOW INJURY OCCUPANTS THE TERMINATION STREET  TO ST	200 AUTOPSY?  YES NO DE  URRED (ENTER NATURE OF INJU  CITY OR TO  on death occurred on the of	200 IF YES MY CERTIFY YE VE URY IN ITEM 18 POWN	COUNTY	STA

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William Sand		and the last	tout Mr.		
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the busial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be tilled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar ather traumatic event, the

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STATE OF MARYLAND

T OF UTALTH AND MENTAL HYCLENE

1 -	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL H	TYGIENE O	REG. NO.		
	CEASED NAME	FIRST	,	AIDDLE	L	AST	20. DATE C	OF DEATH MONTH	DAY YEAR	2b HOUR
{1110	Mary Mary	y	Lee	Can	pbell			June 15	1984	1:1700
3 SE	Х	1	RACE		5. DATE O		6 AGE (IN	YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Female		Whit	е	worth	.25-29 YEAR	54	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FO	DREIGN 7	USA	WHAT COUNT	MARRIEI WIDOWE	XNEVER MARRIED		orecity <u>or</u> coun e Arunde		MD
	ITY OR TOWN OF DEAT Annapolis	TH 1				rother Institution eral Hospi		OCCUPATION  DEK FOR MOST OF WORKING  USEWITE	LIFE) INDUSTRY	of Business or sehold
13a :	Md.	NG HOME OR C 13b COUNT AAC	ſΥ	GIVE RESIDENCE PER STATE OF Annal	TOWN	134 INSIDE CITY LIMITS	1112	ADDRESS / ZIP COL Lake He	ron 2	1403
14. FA	ATHER'S NAME FIRST		IDDIE _	LAST		15 MOTHER'S MAIDEN		WIDDLE	LA	ısı
	Marshall	Α.		onohoe		Gerald	ine		arlan '	<u>a</u>
160 \	WAS DECEASED EVER II YES, NO OR UNKNOWN) NO		NED FORCES? WAR OR DATES!		SECURITY NO. 32 <del>-</del> 2770	Walter A	. Camp	bell Sam	e as#1	3
	18 CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	one couse per BY: CAUSE (a)	line for (a), (b	), and (c)	Breast	Cance	20	BETWEEN	ONSET AND DEATH
	Canditions, if any, gave rise to imm couse (a), stating underlying cause	e dio te	(b)	R AS A CONSI						
NO	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEA	SE OR CONDITION G	GIVEN IN PART 1	(0
CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	TION FOR WE	TICH OPERATION	N WAS PERFORMED	20a AUT	IN CER	YES, WERE FIND TIFYING CAUSE YES []	
	210. ACCIDENT WAS UNDE OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER N	NATURE OF INJURY IN ITEM H	8 PART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRI	IE .	21e PLACE (AT HOME STR	OF INJURY		211 LOCATION STREET	,	CITY OR LOWN	COUNTY	STATE
	220 I certify that (I) ( saw the decease above, (I) (we) (di	d olive on_	JUNE	14	19 <u>84</u> . on	d that in (my) (aur) opin	ion death occurr	red on the date and h		that (I) (we) lost couses stated
	22h SIGNATURE	cart	- 8.	Selo	will, i			R PHYSICIAN	6/13	5184
	STUCLU	ME STYPE OR		mich	MiD,	1220. ADDRESS SI Fran	ulin St	. Аннар	olis, W	ld. 21014
	BURIAL, CREMATION, F	REMOVAL	23b. DATE			EMETERY OR CREMATOR	RY 234 LOC	_ ATION TY OR TOWN		Midalata
I (		100	6-15	-84	Westur	ew Cremat	Ort Ra	Itimore	Ralt	Midalla

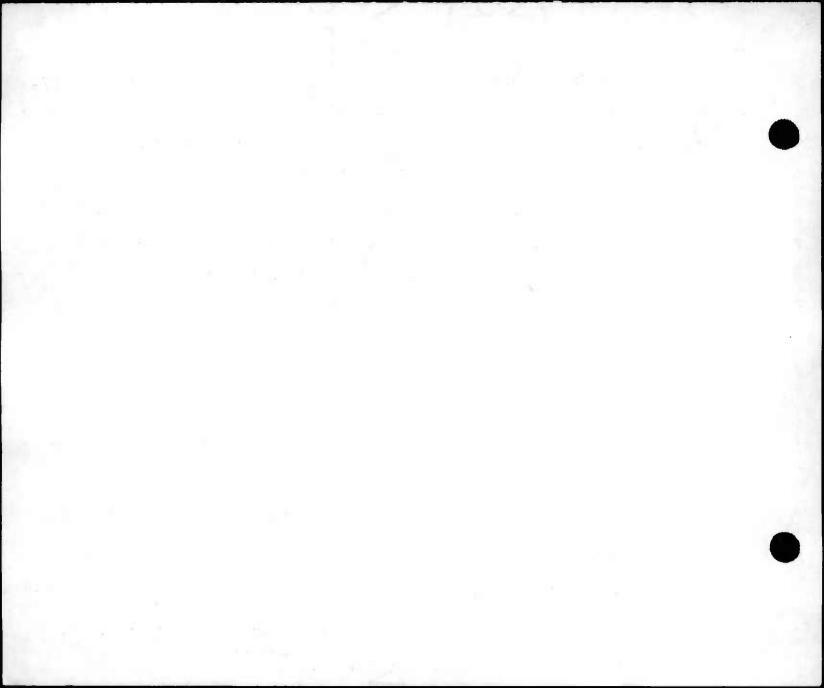
retained by the haspital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Hardesty Funeral Home Annapolis, Md.

250 MIEREZOO 1984 ARZISTRARSSIGNATURE

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Singleton Funeral Home Glen Burnie, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 44

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO

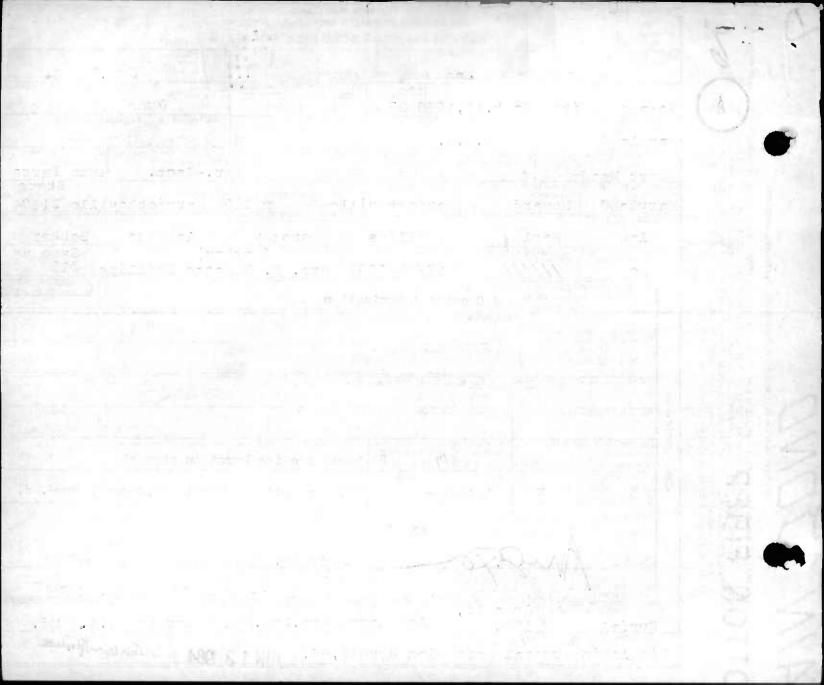
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Items 18-22a F#593 mto 7/26/84

- STATE

(VR A15 ME (5)) 20M 4/82

REGISTRAR



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cai should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagery, with the State Dept. of Health and Mental Hygiene prior ta burial, cremotion, or removal.

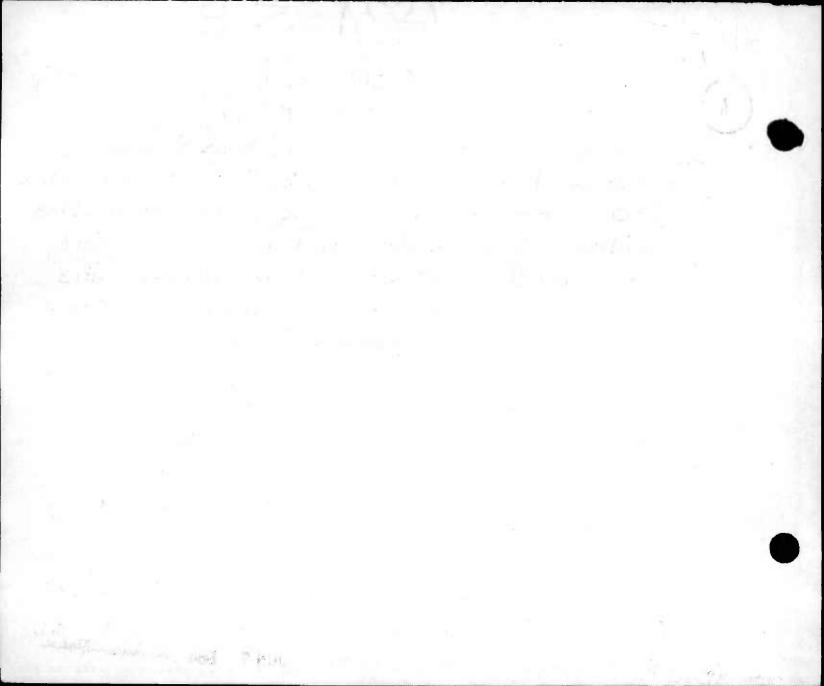
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## STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	FOR	DEPART	MENT OF HEA	LTH AND MENTAL HY	GIENE O	1 2	
	1 -	STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0	
1		CEASED NAME FIRST	MIDDLE	ŁAST			MONTH DAY YEAR	2b HOUR
	ITYPE	ORPRINT) PICHA	RD M	CHICH	FSTER		6-4-84	1 537 pu
	3 SE)	X X	4 RACE	5. DATE OF B	IRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YE	AR IF UNDER 24 HRS.
)		MALE	0	нтиом	SAY LOURS	111	MONTHS DA	YS HOURS MIN.
100	Zo Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	2, 1717	9 BALTIMORE CITY O	YRS.   OR COUNTY OF DEATH	
4		COUNTRY)	II CM	MARRIED		0 .	7 2 1	O .
8	10 CI	TY OB OWN OF DEATH	11. NAME OF HOSPITAL NURSI	WIDOWED [		12g USUAL OCCUPATI	ICH DUE!	D OF BUSINESS OR
5	0	0 100	(# NOT IN SUCH FACILITY, GIVE STREE		111 41	THE OF WORK FOR MOST C		
2=		AL RESIDENCE LIE NURSING HOME OF	HONE Trunce	1-ener	el Hospiki	Lonirac	Tor Lons	Truction
2	13a. S	STATE 136. COU	TY LITY OR TO	VN 113	LINSIDE CITY LIMITS?	138 STREET ADDRESS	ZIP COPE	0111 0
-	10.5	AD L	14 HUUDO		ES NO		/all-ane	21403
作り	14. FA	THER'S NAME	MIDDLE A LAST	1.	MOTHER'S MAIDEN NA	WIDDIE	0	LAST
206		Didnor	T. Chiche	ster	Deulat	1		<u>819</u>
dico		NO OR UNKNOWN) (IF YES, GIV	VE WAR DATES	URITY NO. 17	INFORMANT	ADDRE	Sign Sign	meas
e medi		Tes Wu	071 517-20	-438dr	Juanita	O. Chiche		出3
#,		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a	nd (c).1		(1 1 5	BE TWE	OXIMATE INTERVAL EN ONSET AND DEATH
even			TE CAUSE (0) Vent	riculo	er Hori	lation	2	hours
αŧic		4100	DUE TO, OR AS A CONSEQU	JENCE OF			Α	
E 30		Conditions, if ony, which	( (b)	uxal	deal +	nfactro	n	
er tr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF		1		
ath		underlying couse last.	(c)					
γ, α		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PART	110
5	CERTIFICATION							
any	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	h operation v	VAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
3/	E					YES NO	YES 🗌	NO 🗌
18 5	Ü	21a. ACCIDENT WAS UNDERLYING		DAY YEAR	ICHOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	2)
e a	₹	OR CONTRIBUTING CAUSE OF DE.	All	19				
0	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		II LOCATION STREET	CITY OR TO	WN COUNTY	STATE
rkeo	2	AT WORK NOT WHILE	, and the same of	+1	, 0,	1	1.1 Cx	
e S		22a I certify that (I) This hosp	ital) attended the deceased from.	OI T	19	10 6	7 19 8 7	_, tho (1) (ve) lost
2		sow the decease delive on	ot) view the body after death.	89., and t	hat in (my) (our) opinion	death accurred on the de	ate and hour and from	the couses stated
i e		276 SIGNATURE	1110	DEC	GREE		22c. DA	ATE SIGNED
¥		Carres	Willelin		ATTENDING (	MEDICAL STAI		0/6/84
AN		224. PHYSICIAN'S NAME (TYPE	The state of the s	2	e ADDRESS	1	4	
MPORTANT		E.W.	COLEIH		51 FRAN	KLIN ST	ANNAF	· Md.
₹	23a E	BURIAL, CREMATION, REMOVAL		NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION	<u>.</u>	
	0	Durio!	Tune 71984	H.11 a	rest	ACTION TOWN	is DOA	Will
4/83	24.5	UNERAL DIRECTOR	- CAUCI, VIII T	111110		TE REC'D. BY REGIS RAR	25). REGISTRAR'S SIGN	700Fdalle
4/03	No.	Nor Funeral	Chapel- Ann	22/000	II. lim	JN 7 1984	Frie Davidson	-16.11
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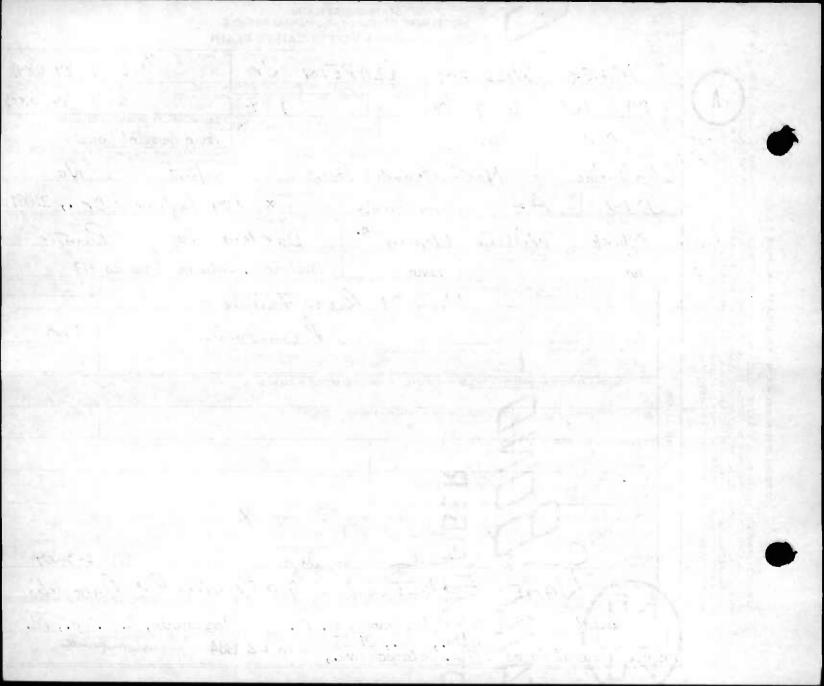


	FOR STATE		DEPARTMENT O	ATE OF MARYLAN FHEALTH AND ME	NTAL HYGIEN		5	0 4	4
1. DE	REGISTRAR CEASED NAME FIRST	WE	MIDDLE	NER'S CERTIFIC	ATE OF DEA	REG. NO		DAY YEAR	2ь. н
	MARK	WILLIA	9M €	LOPEIN	Vr	OF ESTI-	6	7 1984	24
. SEX	MIN	5. DATE OF BIRTH	YEAR LAST BIRTH		HOURS MIN	PRONOUNCED DEAD	MONTH 6	> 1984	2d F
FO FO	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	B. MARRIED   NEV	ER MARRIED 🔀	Anne Anun	110	OF DEATH	
C	TY OR TOWN OF DEATH		SPITAL, NURSING HOACILITY, GIVE STYLET ADDRESS	ME, OR OTHER INSTITUT	ION 12a. USI FOR	JAL OCCUPATION (TYP		26 KIND OF BU OR INDUST	
USUA UL. S		HE OF OTHER INSTITUTION, GI	13c. CITY OR TOWN	13d INSIDE (IT	Y LIMITS2 13e. STR	EET ADDRESS	ovel 2		210
, FA	THER'S NAME	William.	1 G (to ) Ju	71.0	S MAIDEN NAME		/	PLAST	•
	VAS DECEASED EVER IN U.S., es, no, or unknown) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	none			Painter Sa		#13	
	Conditions, if any, wh gave rise to immedi	ich ate (b)	AS A CONSEQUENC	Pr Pr	constar	7		140	
	couse (o) stating the <u>und</u> lying cause last.	(c)	AS A CONSEQUENC			,			
NOI	lying cause last.  PART 2 DTHER SIGNIFICANT CONDITIE	(c)	BUT NOT RELATED TO THE TE	RMINAL DISEASE DR CONDITION					
TIFICATION	lying cause last.	(c)	BUT NOT RELATED TO THE TE					20 AUTOPSY	
CAL CERTIFICATION	lying cause last.  PART 2 DTHER SIGNIFICANT CONDITIE	IPb. CONDI	BUT NOT RELATED TO THE TE TION FOR WHICH OPI FINJURY A. MONTH DAY YE	RMINAL DISEASE DR CONDITION ERATION WAS PERFORA  216. HOW INJURY	AED?	NATURE OF INJURY IN ITEM 18	PART I OR PART	YES 🗆	? NO
MEDICAL CERTIFICATION	lying cause last.  PART 2 DTHER SIGNIFICANT CONDITION  190. DATE OF OPERATION  21a EXTERNAL CAUSE WAS UNDERLYING OR	(c)  19b. CONDI  21b. TIME OI HOUR A.M. DF DEATH P.M. 21c. PLACE	BUT NOT RELATED TO THE TE TION FOR WHICH OPI FINJURY A. MONTH DAY YE	RMINAL DISEASE DR CONDITION ERATION WAS PERFORA  216. HOW INJURY	AED?	NATURE OF INJURY IN ITEM 18  CITY OR TOWN	PART I OR PART COUN	YES 🗆	
MEDICAL CERTIFICATION	Iying cause last.  PART 2 DTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION  21a. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING NOT WHILE AT WORK AT WORK  22a. L certify that I took ch	19b. CONDI  21b. TIME OI HOUR A.N  21c. PLACE STREET, FAC	TION FOR WHICH OPI	ERATION WAS PERFORM  21c. HOW INJURY 1  21f. LOCATION	Inspection Under	CITY OR TOWN		YES D	N

DHMH - 17 (VR A15 ME (5)) 20M 4/82 Burial
24 FUNERAL DIRECTOR Mc ully Funeral Homes

Glen Haven Mem.
Md., 21225
Patapsco Ave.,

1/250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNAL WILLIAM 2 1984



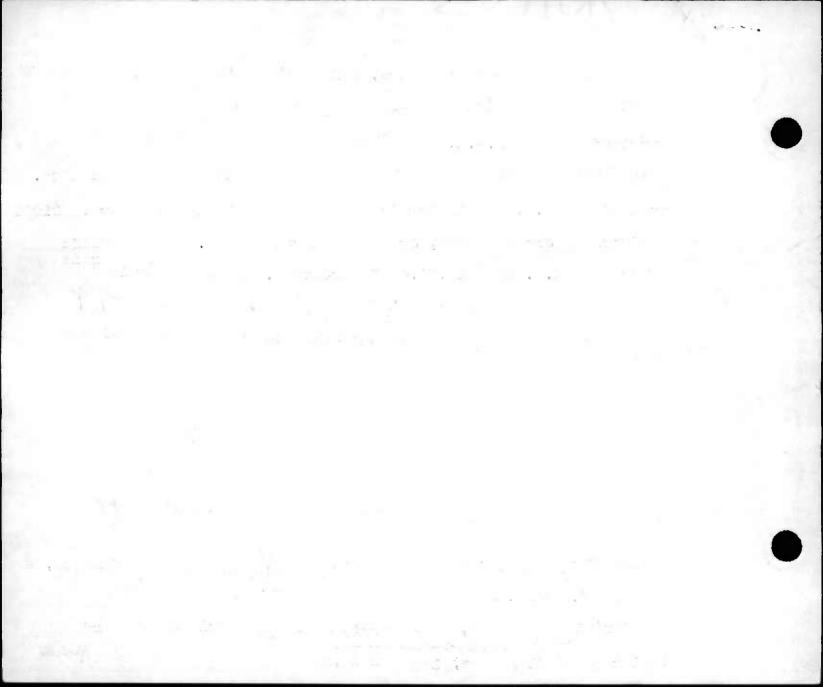
death certificate be executed within 24 hours ofter death. Page

STATE OF MARYLAND

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	- 18th	1 -	FOR STATE REGISTRAR			DEPART	MENT OF HE	ALTH AND MEN CATE OF DEA	ITAL HYGII	ENE B 4	NO.	<b>5</b> U	EDI.
	B )		EASED NAME OR PRINTI	FIRST EDWARD		ames	CODD,			JUNE	MONTH DA		700 PM
	ecto pu	3 SE)	Male		RACE Whi		5 DATE O	2 DAY 192	YEAR	AGE (IN YEARS LAST	YRS	UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
deoin ro	un 72 hou	M	RTHPLACE (STATE OR FOUNTRY) aryland		U. S	WHAT COUNTRY?	WIDOWE		CED		ĀRUNDEL	COUNT	MD.
rs orrer	by the filled with filled with		GLEN BURN	IE	"NOR TI	OSPITAL, NURSIN	AD THOSP		TION	TYPE OF WORK FOR MOS Self En	T OF WORKING LIFE)	INDUSTRY	1 CO.
10 24 HOU	tilled in thould be should be serfmust be	130. S Ma	ryland	13b. COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW GlenBu	/N 1		<b>X</b>		s / zip code Phersor	Ave.	2106
ored with	completely 1 and 2 s ol examine		Edward	Ja	mes	Codd, L		15. MOTHER'S MA FIRST EME		V.		Cli	ft
00 000	physicion and control of physicion and control of the medical	160 V	(AS DECEASED EVER ES, NO OR UNKNOWN) Yes	W . W	WAR OR DATES)	212.20	.0603	Barbar	a L.	Tress	Gler Mary	rland	
ertificore	ng physic bon pope removol.		PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	CAUSE (a)	Home	Respi	ratory 1	Failu	re		BETWEENO	MATE INTERVAL DINSET AND DEATH
not the death o	by the ottendir ose remove cort I, cremotion, or other troumotic		Conditions, if any, gave rise to imm couse (a), statin- underlying couse	nediate g the	(b)	R AS A CONSEQUI	,	notate	Can	er		2 9	Ys.
sedoires	Then ple r to burio injury, or	NOI	PART 2 OTHER SIGN	HFICANT CO		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	ONDITION GIVE	N IN PART 110	
Ine low	it permit grene prio hows ony	CERTIFICATION	19a DATE OF OPERAT			TION FOR WHICH	OPERATION			200 AUTOPSY?	IN CERTIFY YES		
ol Clansing physic	entification entol Hygin 18 s	MEDICAL CE	21g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEAT	P./	M. MONTH D.	AY YEAR 19		RY OCCURRE	D (ENTER NATURE OF I	NJURY IN ITEM 18 PAR	RT I OR PART 2)	
offend	os the but th and M orked or	MED	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILF		EET FACTORY, OFFICE, F	FARM ETC	211 LOCATION STREET	<del>- DH</del>	CITY OR	TOWN	COUNTY	STATE
o lorida	CTOR: Ad for use		226.1 certify that (1) saw the decease obove, (1) (we) (c				- 1	d that in (my) (our	r) opinian de	eath occurred on the	dote and hour	and from the c	
by the h	ERAL DIRI		22b. SIGNATURE	MEZ YPE OR	VA)	2		A ATTE	NDING SICIAN []	MEDICAL SI DIRECTOR PHY	TAFF SICIAN	June	20,84
etoined	should be d with the Sto		LONG S	. HSU	, M.D.			GLE	N BUR	NIE, MARY		1061	101
BP_		- (	URIAL, CREMATION, SPECIFY) Buria		Jun 2	22,84 Me		metery or cre/ ridge M	fem P	234 LOCATION CUTY OR TOWN ELKTIO REC'D. BY REGISTR	-	Oward	
	6 50M 4/83 (15, 4)		ngleton I	uner	cal Ho	me, Gler	Bur	nie, MD	JU	N 2 2 1984		widson-V	andalle

DHMH - 16 50M 4/83 (VRA 15, 4)



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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR			DE1 2	CERTIF	CATE OF	DEATH			REG. NO	).				
ľ		EASED NAME	FIRST	٨	AIDDLE	t/	AST		20	DATE OF	EATH /	HINOM	DAY	YEAR	2b. HO	JR <sub>10</sub>
	{TYPE	OR PRINT)	RA	E	-	COL	BEK	T				6	13	84	11	AM
ľ	3. SEX		4.	RACE		5. DATE O		YEAR	6	AGE (IN YEA	RS LAST BIRT	HDAY}	MONTHS	ER I YEAR	IF UNDER	MIN.
l	F	EMALE		BLAG	CK_	7	27	93		91	/	YRS				
Ì		THPLACE (STATE OR FO	OREIGN 71	CITIZEN OF	WHAT COUN	TRY? 8.	□ NEVE	RMARRIED	9	BALTIMORI	CITY OI	COUNT	Y OF D	EATH		
١	IAR	YLAND		U.S	.A.	WIDOWE		DIVORCED		ANNE A	RUND	EL C	OUN	ſΥ		MD.
ĺ	10 CI	Y OR TOWN OF DEA	тн 1	1. NAME OF H	OSPITAL, NU	JRSING HOME C	R OTHER IN	ISTITUTION		USUAL O				KIND C	F BUSIN	ESS OR
l		APOLIS				GENERAL	HOSP	ITAL		TTPE OF WORK P	OK MO31 07	WORKING I		DOSTRI		
	13a. S	L RESIDENCE (IF NURSI TATE RYLAND	13b COUNT A.A.	THER INSTITUTION, Y	13c. CITY OR ANNAP	TOWN OLIS	13d. INSIDE	CITY LIMITS	5? 130	SIREE AL	DRESS / estg	zip cot a te	æ Roac	21	14	1/
Ī	14_FA	THER'S NAME		2015	145		15. MOTHE	R'S MAIDEN			MINDLE			146		
١		THOMAS	M	DDLE	FORRES	TER		REAL	LY		ANN			ΑT	SKER	
	160 V NŐ	(AS DECEASED EVER		ED FORCES? WAR OR DATES)	166 SOCIAL	SECURITY NO.	17 INFORA	mant EDWARI	DS 3	316 Be	ADDRE:		. Aı	nnap	214 olis	01 <sub>Md</sub>
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	NO	PART 2 OTHER SIGN	IIFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELAT	ED TO THE T	ERMINA	AL DISE	ORCONT	шбид	VEN IN	PART 1	0	
	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	TION FOR W	HICH OPERATIO	N WAS PER	FORMED		200 AUTOP	NO	IN CERT	ES, WEF IFYING IES []	CAUSES	NGS USE OF DEA NO [	TH?
1	CER	21a. ACCIDENT WAS UND	ERLYING	216 TIME O		D.W. WE:-	21c HOW	INJURY OC	CURRED	(ENTER NATU	RE OF INJUR	Y IN ITEM 18	PARTIO	R PART 2)		
1		OR CONTRIBUTING C		HOUR A.	m. Month	DAY YEAR				$\wedge$						
	WEDICAL	21d INJURY OCCURR		21e. PLACE	OF INJURY	(21)	211 LOCA				CITY OR TOV	A/INI	C	OUNTY		STATE
l	¥,	DRK NOT WH	ILE	(AT HOME STE	REET, FACTORY, OI	FFICE, FARM, ETC	Y/			Va		+	1			
ı	(	certify that (I)		6/12/	821		nd that in (m	19 gpii	nion deo	, to	on the do	ite and ha	, 19	from the	that (I)	toted
١		obove (15 (we) (d	lid) (did not	view the body	ufter death.		DEGREE							2L DATE	RIGNIE	
		Inter-1	lech	Com	0			ATTENDIN PHYSICIA	IG N	MEDICAL DIRECTOR [	STAF PHYSIC			6/	3/8	4
		PETER T	WE (TYPE OR	KOUU	S 10	כמ	120 ADDR	Fores	STO	R. A	mab	dis	h	nd 2	140	12-
1	23a. B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY O	R CREMATO	ORY	23d LOCAT	ION /	7				)
	BU	RTAL		6-16-1	984	FOWLERS	U.M.C	HURCH	CEM	E. "Ai	napo	lis	Acou	A.	Mary	land

etained by the hospital ar attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and campletely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shr with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remayal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, ar other troumotic event, the

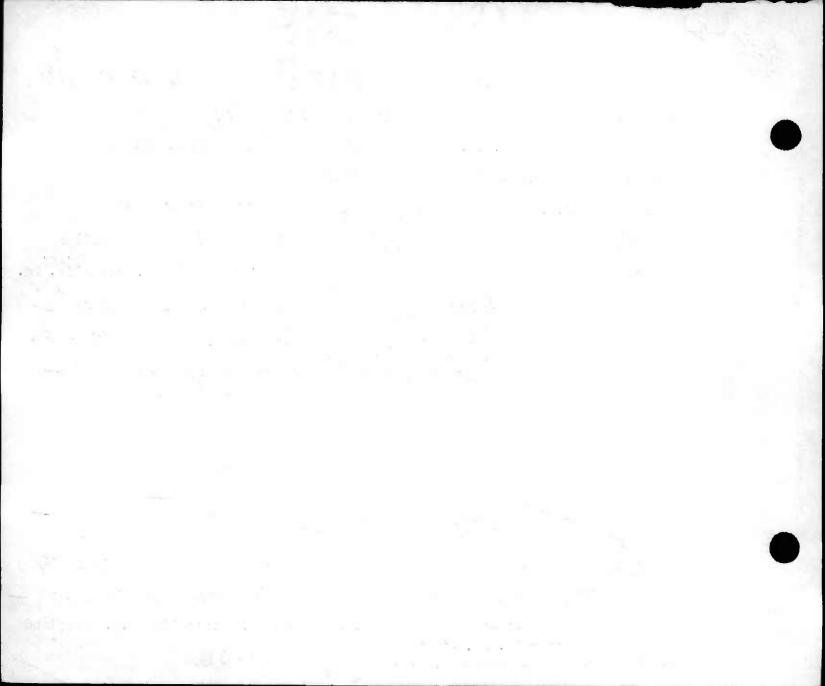
medical exam

24 FUNERAL DIRECTOR
WILLTAM REI REESE & SONS MORTUARY, P.A. DHMH - 16 50M 4/83 (VRA 15, 4)

6-16-1984

"Annapolis FOWLERS U.M. CHURCH CEME. JUN 1 9 1984 June Dander Anders

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neral director, page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then please remove carbon papers. Rewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the haspital

FOR STATE REGISTRAR		DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		REG. N	10.	ĺ
DECEASED NAME	FIRST	MIDDLE	LAST	2a. DATE OF I	DEATH	HTHOM	D
(TYPE OR PRINT)	CHESTER	KENNETH	COLEBANK			6	8
	Total Control			1 105			$\neg$

	1.	STATE REGISTRAR			DEFARIN		CATE OF D		itint G	REG. NO.		
		CEASED NAME OR PRINT)	FIRST ESTER		NNETH		LEBANK		2e. DATE OF D	6	8 Sy	26 HOUR
	3. SE	Male		* Whit		5. DATE O		* <b>1</b> 4	69	RS LAST BIRTHDAY)		IF UNDER 24 HRS. HOURS MIN.
86	V	RTHPLACE (STATE OR F		Usa	WHAT COUNTRY?	WIDOWE		ORCED [	ANNE A	RUNDEL	COUNTY	MD.
Day 4	GL	EN BURNIE		(IF NOT IN SUC	HOSPITAL, NURSIN CH FACELITY, GIVE STREET RUNDEL HO	ADDRESS) SPITA		ITUTION	12a USUAL OC (TYPE OF WORK F	CCUPATION OR MOST OF WORKIN		OF BUSINESS OR
35	130 S	cyland	13b COUN A.A	TY	Give residence before Big City or Tow GlenBur			140		DARESS AZIP CO	S.W.	21061
12		Jame's NAME	Cole	bank	LAST			a V.	we Crabtr		LA	
medical		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	236-01-		17. INFORMAI Margar		Coleba	nk Gle		ve. e 21061
MPORTANT: If them 21 is marked at Item 18 shows any injury, or other troumatic en	z	Canditions, if ony, gove rise to imm cause (a), statin underlying cause	which mediate ag the last	(c)	OR AS A CONSEQUE	NCE OF	lero		INAL DISEASE		GIVEN IN PART I	eur
ows any inj	CERTIFICATION	190 DATE OF OPERA		19b COMD	ITION FOR WHICH	OPERATION	N WAS PERFOR	RMED J	20a AUTOP		YES, WERE FINDI RTIFYING CAUSES YES [	
them 18 sho	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIT	CAUSE OF DEA	Р.	.M. MONTH DA	Y YEAR			RED (ENTERNATU	RE OF INJURY IN ITEM	18 PART I OR PART 2)	
morked or	MED	21d. INJURY OCCURE  WHILE NOT WHAT WORK AT WORK	3.00		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC	21f. LOCATIO STREET			CITY OR TOWN	COUNTY	STATE
21 is m		220.1 certify that (1) saw the decease abave, (1) (we) (c	ed alive on.	6-1	- A10	, an	d that in (my)	aur) opinion	, todeoth occurred	an the date and	haur and from the	that (1) (we) last causes stated
ANT: #	R	226 SIGNATURE	da	SI	See	~		TTENDING HYSICIAN [2	MEDICAL DIRECTOR	STAFF PHYSICIAN	1	SIGNED Y
PORTAN		JACK I.ST	/				300 HC		DRIVE.		AND 21061 GLEN BURN	/
₹				7	Tan .				Tank to a series	1001		

23t NAME OF CEMETERY OR CREMATORY Shinnston Masonic

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL BUTTIAL

Raymond C. Fink Glenburnies Maryland

6/11/84

JUN 12 1984 Julia Davidson Angles

STATE

Shinnston, W. OVa.

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DESTRUCTION OF SHAPE STANDS OF STREET	ing a time	Ka grond C.

deoth certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				E	TT

	FOR STATE REGISTRAR	DEPART		ALTH AND MENTAL HYGI CATE OF DEATH	REG. NO	).	, 0	EDT
	1. DECEASED NAME FIRST ROYAL	JOHN	COMES	iT	JUNE	18, 1	YEAR 1984	26. HOUR 0333 AM
	<sup>3. SEX</sup> Male	4. RACE White	S. DATE OF	5 1923	6. AGE (IN YEARS LAST BIRT	YRS.		# UNDER 24 HRS HOURS MIN.
5	Maryland	76. CITIZEN OF WHAT COUNTRY  U.S.A.	MARRIED	NEVER MARRIED U	9. BALTIMORE CITY OF ANNE A	RUNDEL (		Y MD.
1	GLEN BURNIE	11. NAME OF HOSPITAL, NURS			120 USUAL OCCUPATE HTYPE OF WORK FOR MOST OF Truck Dr.	E WORKING LIFE) IN	NDUSTRY	F BUSINESS OR
)		ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO' GlenBuj	rnie	YES 🗌 NO 🔯	130. STREET ADDRESS 1105 Nott	inghar	-	1061) ive
9	14 FATHER'S NAME ROYa1	H. Comes		Marie	E .		letto	erick_
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SEC VE WAR OR DATES) 219.18		Sadie C. Co	fe ADDRE	San	ne a	as
		DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)  CONDITIONS CONTRIBUTING TO	UENCE OF	OT RELATED TO THE TERMI	INAL DISEASE OR CONC	dition Given i	N PART 110	0,
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING		
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED	ATH HOUR A.M. MONTH	19	21c. HOW INJURY OCCURR 21c. LOCATION	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	GR PART 2)	
	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE		STREET STREET	CITY OR TON	Ø 10 1	S4	that (I) Ne) last
		or) view the body after depth		that in (my) (aur) opinion d				couses stated
1	22d. PHYSICIAN'S NAME IIVE	MEMUMAN (R PRINT)	17		STAF	IAN 🗌	ITE 2	01
	ADOLFO G. 7	ORRES, M.D.	NAME OF CE	GLEN BUR!	NIE MARYLA	VD 2106		
	SPECIFY) Burial	June 21.84 N			CITY OR TOWN		UNTY	STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

24. FUNERAL DIRECTOR
NAME
Singleton

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

medicol

Home, Glen Burni

Funeral

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

A 2220   18, 1984   0323 A			15:00	TVAOV	
			- 25		031
AMIE ARRINDEL COLOTY			6 6 6		, ogniven
	J	AL HOSPITA	RITH ARENE	M 53	GLIB HIRO
(18021) Special benefits - 11				0 0	Gran Frite
sokuseten	ckraii		egeb)	0	
BEA ST.	0	i e			

51-9

ADOLIO G. TORRES, M.D.

7845 GATWOOD HOAD SUTTE 201 CLEN HURNEL, MARCYLAND 21061

TOOLS SENSITING CONSIST ROLLS

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20M 4/82

STATE OF MARYLAND

Carlo de la companya . Glen Dye. Ma Per Markey SEALERADE Ves January 28 29 27 Center in the last of the best of the contract of the con there is the conception 113/21/7. The niver , Dalthore, Maryland voliny yennish #8-3.1-> Lear You's Bb. JUN I 4 BOA Julianing Puck Torsen Turanal Tend, Inc. Loysen, No. 21 204 director, page 3.

to FUMERAL DIRECTOR: After this certificate has been signed by the attending physicia Inhaid the detached for use as the burial-transit permit. Then please remaye carbanpaper mith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

or attending physicia

ned by the haspital

BP.

O HOSPITAL

OR ATTENDING PHYSICIAN:

njury, ar other traumatic event, th

IMPORTANT: If them 21 is marked or them 18 shaws any

## CTATE OF MADVIAND

	3 1 M	IL V	1 174	WILL	MIND	
DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENE
CE	RT	FIC	ATI	OF	DEATH	

1	FOR - STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8 4	1 5	050
	ECEASED NAME PE OR PRINT)	Annie	Cee	20	OPER	2a DATE OF DEATH	6 8 8°	4 645 A
3. SE	* +	4. R	ACE W	S. DATE C	19.898	6 AGE 11N YEARS LAST BIR	YRS.	DAYS HOURS MIN.
7a B	COUNTRY)	7,	S A	MARRIEI	7	ANNO!	AVVN C	leL MD.
	JOWN SV	ille (	FINOT IN SUCH FACILITY, GIVE		Ate Has	TOUSEY	F WORKING LIFE) INDUS	ND OF BUSINESS OR
	STATE MO	13b. COUNTY	ER INSTITUTION, GIVE RESIDENCE	TOWN	134. INSIDE CITY LIMITS?	130 STREET ADDRESS	BOX 1=	Rd = 2.114
Y.F	LO HER'S NAME	HN IS F	Braw	NOT	15. MOTHER'S MAIDEN N	LEE MODIET	-hey	LAST
	WASIDECEASED EV	ER IN U.S. ARMED		SECURITY NO. 22-2198	D-JULIAN	W. Coope	+ SAME	As. 13 E
	18. CAUSE OF DEATH	WAS CAUSED BY IMMEDIATE C	2/	bl, and (gl.)	nomia	/	2	PROXIMATE INTERVAL MEEN ONSET AND DEATH
31.1	Conditions, if are gove rise to it cause (a), sta underlying cau	mmediate ting the	DUE TO, OR AS A CONS		lat.	heart dis	2000	<i>27</i> 0
NOI		,	(c)OO.	GTO DEATH BUT		RMINAL DISEASE OR CON		RT Ita
CERTIFICATION	19a. DATE OF OPER		196. CONDITION FOR W	HICH OPERATIO		YES NO	20b. IF YES, WERE FI IN CERTIFYING CAU YES	USES OF DEATH?
VEDICAL CE	210. ACCIDENT WAS ON CONTRIBUTING THE EITHER, NOTIFY M	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART 1 OR PAR	2}
VEDI	21d. INJURY OCCU	JRRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn COUNT	Y STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

saw the deceased alive on above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATUR

22a.1 certify that (I) (this hospital) attended the deceased from

ATTENDING PHYSICIAN

MEDICAL DIRECTOR PHYSICIAN

1 / D / O

22d PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

22e ADDRESS

22s.	BURIAL,	CREMATION	REMOVAL	23h DAT

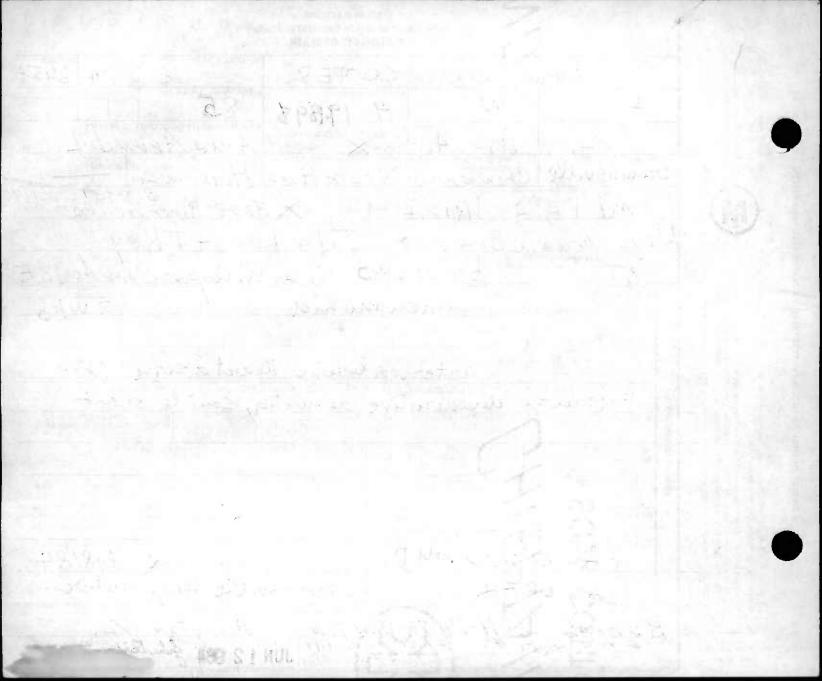
23c NAME OF CEMETERY OR CREMATORY

DEGREE

STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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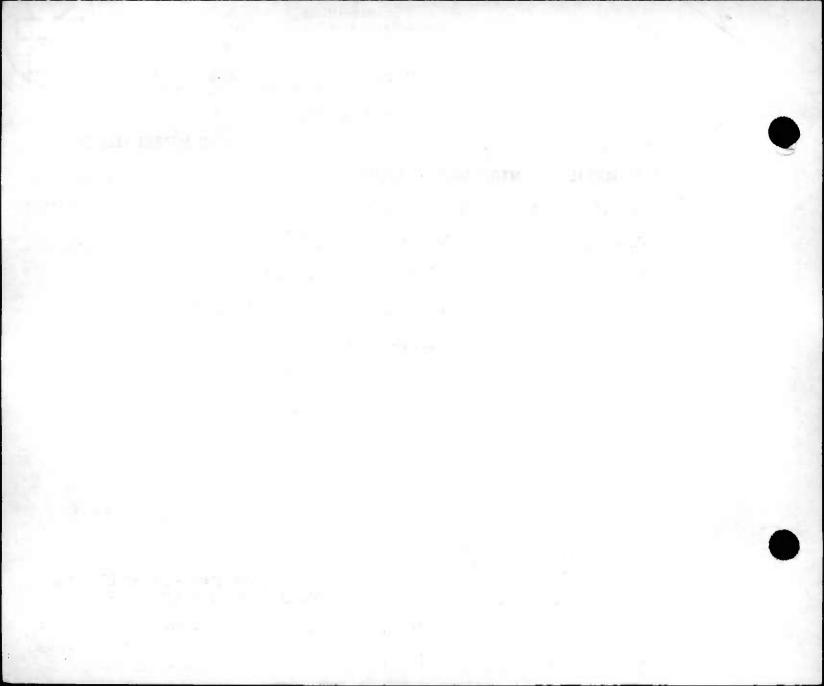
	,	FOR			DEP	ARTMEN		E OF MARYLAND EALTH AND MEN	TAL HYG	IENE 8 4	i	5 0	5 1
	1 -	STATE REGISTRAR				C	ERTIF	ICATE OF DEA	TH	REG. NO	).		EDT
		EASED NAME OR PRINT)	FIRST	Mil	DDLE	00/		AST				AY YEAR	26 HOUR
L	_		RTHUR				OPE			JUNE		1984	1040 PM
3	. SEX		4.	RACE		5	D ATE C	OF BIRTH DAY	YEAR	6 AGE (IN YEARS LAST BIRT		IF UNDER LYEAR	HOURS MIN.
\ l	0.10	Male	21	Whi			pri	1 17, 189	99	85	YRS.	OF DEATH	
1/	Ë	RTHPLACE ISTATEORE		CITIZEN OF W	HAT COUN	٨	AARRIE IDOWE	D NEVER MARI		9 BALTIMORE CITY OF ANNE AR			Y MD
4	(	GLEN BURNI	Е	NORTH	ARUND			TAL	ION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Machinis	WORKING LIFE		red red
5	30. S	L RESIDENCE (IF NURS TATE Maryland	136 COUNTY AA	Y 1	INE RESIDENCE 134. CITY OR Mille	TOWN			DX	13e.STREET ADDRESS / 58 Waterfo		oad	21108
צ	1. FA	John	MI	DDLE	CO	oper		15 MOTHER'S MA		WE		N/	A
1	6e W	AS DECEASED EVER		VAR OR DATES)	66. SOCIAL			17 INFORMANT		ADDRE			
L	,,,	NO OR UNKNOWN)	(# 10.011	VAIL ON DAILS)	214-0i	1-965	54	Vera D.	Coop	er, Same as	13		
ľ		18 CAUSE OF DEATH			ne for (a), (l	b), and (c)	1	1				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
		Canditions, if any, gave rise to imm couse (a), statin underlying cause	nediate g the	DUE TO, OR  (b)  DUE TO, OR  (c)	pm	eus	67	,	nic	OPD C4F			
	z O	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	OR & L	TO DEA	_	- '	THE TERM	INAL DISEASE OR COND	ITION GIVI	EN IN PART I	a
7	CERTIFICATION	190 DATE OF OPERAT	TION	196 CONDIT	ION FOR W	нісн орг	ERATIO	N WAS PERFORME	9	200 AUTOPSY? YES NO	IN CERTIF	, WERE FINDITY	
//	- 1	210. ACCIDENT WAS UND OR CONTRIBUTING	AUSE OF DEATH	216, TIME OF HOUR A.M P.M	. MONTH	I DAY	YEAR 19	21c. HOW INJUR	Y OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART   OR PART 2}	
	MEDICAL	21d INJURY OCCURE  WHILE NOT WH AT WORK AT WOR	n.E	21e. PLACE O		FFICE FARM	ETC )	211 LOCATION STREET		CITY OR TOV	<b>/N</b>	COUNTY	STATE
		22e.   certify that (   saw the decease (show), (  ) (well)	ed alive an_	6 15	· · · · · · · · · · · · · · · · · · ·	19 <b>3</b>	£_, at		9 <u>82</u> ) opinian (	death accurred an the da	te and hau	- /	that (I) (we) last causes stated
		27% SIGNATURE	Yu	stal	Oa	in	0	MISHYS		MEDICAL STAF DIRECTOR PHYSIC	IAN 🗌	22c. DATE	
/	- 1	224 PHYSICIANS NO		elic)			0	22e ADDRESS		BALTIMORE-			LVD.
4	2 0	MUSTAFA		M. D.	-	22 1100	F 05 0	SEVE		PARK, MARYLA	ND 21	146	
12	Je B	urial, cremation,  Burial	KEMOVAL	16 Jun	e 84			emetery or creativen Mem.		Glen Burn	ie	AA	WD,

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

James S. Kirkley, Glen Burnie, MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURAL 191984



ottending physician and completely tilled in ove carbon papers. Pages 1 and 2 should by

egned by the ottending physician

should be detached for use as the burial from the prior to burial. Then please remove carbon pages with the Stose Degit of fleathfrond Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR, After this certificate has been

1	1		1	STATE OF MARYLAND	6					
/	1-	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	L HYGIENE () 4	15052				
V	1. DEC	CEASED NAME A nness	(MMN)	Cöwan	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR				
1	(TYPE	Anne	(/	Cowan	June 23,	1984 10 A M				
)	3. SE	X	I. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN				
/		temale	White	Oct. 17, 19	05 78	YRS.				
11				MARRIED NEVER MARRIED						
4	10 C	TY OR TOWN OF DEATH	U.S.A.	WIDOWED DNORCED		RUNdel CT, MD.  126 KIND OF BUSINESS OR				
4	61	en Busin	IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS) 1 10	I TYPE OF WORK FOR MOST OF	working life) INDUSTRY OWN Home				
1	TISU/	AL RESIDENCE (IF NURSING HOMFORD	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	1208 Barti	Camp Lane 08226				
1		W Jersey Cape		YES DE NO	TO: IJE.OTRECT PRODREGO	ZIP CODE GGGGGG				
200		THER'S NAME		15. MOTHER'S MAIDE		IAST				
125		UNKNO	WN		UNKNOWI					
2		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	1	son) 508 stat	bury Road				
1		No //	/////  215/12/		Cowan, Jr,	Linthicum 2109()  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH				
		PART I. DEATH WAS CAUSED		(c).)	1	BETWEEN ONSET AND DEATH				
		IMMEDIATE	DUE TO, OR AS A CONSEQUE	we set fanc	AVB)					
		Conditions, if any, which	(b) Chas a Consecute	eural New	id 2th to	4 /				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSTOUE	NCE OF	, ,	NEW TOTAL STATE OF				
9		underlying couse last.	(c) // V	es metastas	is 2 00	4 (				
doub	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING TO D</u>	Selio Sclese		ITION GIVEN IN PART 110				
7	IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED				
7	E E	F1 - 1 July 1981			YES NO	IN CERTIFYING CAUSES OF DEATH?  YES  NO				
0	CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA		CCURRED (ENTER NATURE OF INJUR	IN ITEM 18 PART T OR PART 2)				
7	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
0	MEDIC	216. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	CITY OR TOW	VN COUNTY STATE				
MOCA		270.1 certify that (I) (this haspite	al) attended the deceased from	6 12 19	1 × to 6 2	19 8 k, that (I) (we) last				
		sow the deceased alive an	6 21 19	, and that in (my) (aur) of	oinian death occurred on the da	te and haur and Iram the causes stated				
-		77h SIGNATURE	.////	DEGREE		22c. DATE SIGNED				
		1 / luna	tel un		ING MEDICAL STAF					
		THE PHYSICIAN'S NAME (TYPE OF	PRINT	22e. ADDRESS						

DHMH - 16 50M 4/83 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL BURIAL

04Hb 1984 27, 23c. NAME OF CEMETERY OR CREMATORY

Seaside Cemetery Palermo Cape Ma

256. DA 160 DA 16

24 FUNERAL DIRECTOR P. H. Alexander ADDRESS
Singleton Funeral Home Glen Burnie, Md.

14.2.1 telda agokat is. it garage .l. venes upens rete virtay Tel Cotton Division of the Control of the

- STATE

**DHMH - 17** 

(VR A)5 ME (5)

20M 4/82

REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIĞNE 44 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN MONTH 9 BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS OR INDUSTRY Construc LAST ADDRESS 10.38 BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NO S

STATE

STATE OF MARYLAND

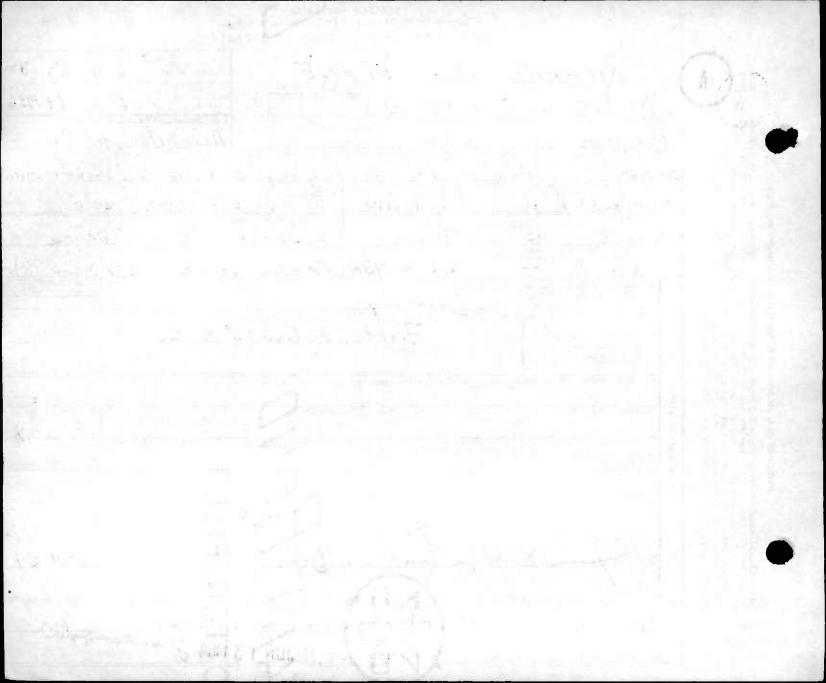
21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

and in my apinian

COUNTY STATE BY REGISTRAR 256. REGISTRARIS SIGN 24 FUNERAL DIRECTOR

Glen BURNIE MIJUN mond



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

executed within 24 hours ofter death. Page

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.	1.4	*
	CEASED NAME E OR PRINT)	FIRST		MIDDLE	L.	AST	2a. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
		Edwar	d Jo	seph	Des	rochers		June 3	1984	1135
3. SE			I. RACE		5. DATE C		6. AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 24 HOURS
Male			Whi	te	Sep	4, 1915	68			
	IRTHPLACE (STATE OR F	ORE IGN I	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
NewYork			TT C A		WIDOWE		Anne Arundel County			
	ITY OR TOWN OF DEA			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION DE WORKING LIEE	12b. KIND C	F BUSINES
F	t. Meade,	Md.	Kimbro	ugh ARmy	Commu	mity Hospital	CWO Reti	red	U.S.	Army
USU.	AL RESIDENCE (IF NURSI	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS		(21	061)
M	state laryland	Anne	Arunde	Glen Bu	rnie	YES NO X	13. STREET ADDRESS	Meado	w Dri	ve
14. FA	ATHER'S NAME		NDOLE	LAST		15. MOTHER'S MAIDEN NAM				
	Joseph	1		Desroch	ers	Mary			Robbi	
16a. V	WAS DECEASED EVER			166. SOCIAL SECU		17. INFORMANT Daug		ESG1en	Burn	ie
Y	Yes	W.W	WAR OR DATES)	05016 45	33	Gail Ingson	n	Mar	yland	
	1534 Conditions, if any,	AS CAUSED IMMEDIATI	CAUSE (a)	Car	cinom	atosis denocarcinoma,	Class Duke	D		MATE INTERVA
	Conditions, if any, gove rise to imm cause (o), stotin underlying cause	which nediote g the last.	DUE TO, O  (c)	Car R AS A CONSEOUI Cae R AS A CONSEOUI	ence of a cal A	denocarcinoma,			2 /	MONT
NOI	Conditions, if any, gove rise to imm cause (o), stotin underlying cause	which nediote g the last.	DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CC	Car RAS A CONSEQUI Cae RAS A CONSEQUI	ence of ecal A	denocarcinoma,	IN AL DISEASE OR CON	IDITION GIVE	2 N	MONT
ICATION	Conditions, if any, gove rise to imm cause (o), stotin underlying cause	which nediote g the last.	DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CC	Car RAS A CONSEQUI Cae RAS A CONSEQUI	ence of ecal A	denocarcinoma,		IDITION GIVE	2 /	MONT
RTIFICATION	PART I. DEATH W  153 4  Conditions, if any, gove rise to imm cause (o), stotim underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT	which nediote g the last.	BY:   CAUSE (a)   DUE TO, O   (b)   DUE TO, O   (c)   ONDITIONS CO	Car R AS A CONSEQUI Cae R AS A CONSEQUI DITTRIBUTING TO I	ence of ecal A	denocarcinoma, NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES □ NO   X	20b. IF YES, IN CERTIFY YES	N IN PART II	MONT
CAL CERTIFICATION	PART I. DEATH W  153 4  Conditions, if any, gove rise to imm cause (o), stotim underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CIFERENT MEDIC	AS CAUSE IMMEDIATI  which nediote g the lost.  NIFICANT C	DUE TO, O  (c)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  21b. TIME O  HOUR A.  P.	Car R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO I ITION FOR WHICH OF INJURY M. MONTH DA M.	ecinom ENCE OF ECAL A ENCE OF DEATH BUT	denocarcinoma,  NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR	INAL DISEASE OR CON  200 AUTOPSY?  YES □ NO   X	20b. IF YES, IN CERTIFY YES	N IN PART II	NGS USED
MEDICAL CERTIFICATION	PART I. DEATH W  153 4  Conditions, if any, gove rise to imm cause (o), stotin underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING C	AS CAUSE IMMEDIATION which nediote g the last.  NIFICANT C	DVE TO, O	Car R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO I ITION FOR WHICH OF INJURY M. MONTH DA M.	ecinom  ENCE OF  CA1 A  ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19	denocarcinoma, NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON  200 AUTOPSY?  YES □ NO   X	20b. IF YES, IN CERTIFY YES	N IN PART II	NGS USED
	PART I. DEATH W  153 4  Conditions, if any, gove rise to imm cause (a), stotin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING COURTHUM CONTRIBUTING CONT	AS CAUSE IMMEDIATI  which nediote g the lost.  NIFICANT C  CONTROL CAUSE OF DEAL CALEXAMINER)  RED  (this hospit	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  21b. TIME O  HOUR A.  P.  21c. PLACE (AT HOME, STI	CAT  R AS A CONSEQUI  CAE  R AS A CONSEQUI  DITRIBUTING TO I  ITION FOR WHICH  OF INJURY  M. MONTH D.  M.  OF INJURY  REET, FACTORY, OFFICE, F	ENCE OF  CAT A  ENCE OF  DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	denocarcinoma,  NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION  STREET  ay 19 84  ad that in (my) (our) apinion of	200 AUTOPSY?  YES NO ENTER NATURE OF INJURE  CITY OR TO	20b. IF YES, IN CERTIFY YES  RY IN ITEM 18. PA	WERE FINDING CAUSES  COUNTY  9.84  ond from the	NGS USED OF DEATH' NO  STA'
	PART I. DEATH W  153 4  Conditions, if any, gove rise to imm cause (o), stotin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CIPERTHER, NOTIFY MEDIC (IF EITHER, NOTIFY MEDIC AT WORK AT	AS CAUSE IMMEDIATI  which nediote g the lost.  NIFICANT C  CONTROL CAUSE OF DEAL CALEXAMINER)  RED  (this hospit	DUE TO, O  (b)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  21b. TIME O  HOUR A.  P.  21c. PLACE (AT HOME, STI	CAT  R AS A CONSEQUI  CAE  R AS A CONSEQUI  DITRIBUTING TO I  ITION FOR WHICH  OF INJURY  M. MONTH D.  M.  OF INJURY  REET, FACTORY, OFFICE, F	ENCE OF  CAT A  ENCE OF  DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	denocarcinoma,  NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION STREET  AY  19  84  d that in (my) (our) apinion of DEGREE  ATTENDING	200 AUTOPSY?  YES NO ENTER NATURE OF INJURE  CITY OR TO	200. IF YES, IN CERTIFY YES  JRY IN 11EM 18 PA  OWN  10te and hour	WERE FINDING CAUSES  COUNTY  9.84  ond from the	NGS USED OF DEATH' NO  STA'
	PART I. DEATH W  153 4  Conditions, if any, gove rise to imm cause (a), stotin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING COURTHUM CONTRIBUTING CONT	which nediote g the lost.  WIFICANT C  TION  SERLYING	DUE TO, O  (c)  DUE TO, O  (c)  ONDITIONS CO  19b. COND  19b. COND  19b. COND  21b. TIME O  HOUR A.  P.  21c. PLACE (AT HOME. ST)  View the body	CAT  R AS A CONSEQUE  R AS A CONSEQUE  ITION FOR WHICH  ITION FOR WHICH  OF INJURY  M. MONTH D.  M. OF INJURY  REET, FACTORY, OFFICE, F  ofter death.	ENCE OF  CAT A  ENCE OF  DEATH BUT  OPERATION  AY YEAR  19  FARM, ETC.)	denocarcinoma,  NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION STREET  AY  19  84  d that in (my) (our) apinion of DEGREE  ATTENDING	200 AUTOPSY?  YES NO ENTER NATURE OF INJURE  CITY OR TO  to 3 Jun  death occurred on the company of the company	200. IF YES, IN CERTIFY YES  JRY IN 11EM 18 PA  OWN  10te and hour	WERE FINDIIING CAUSES  COUNTY  9.84  ond from the	NGS USED OF DEATH' NO STA' that (I) (we couses state

250. BATE RECD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Funeral Home, Glen Burnie, MD

DHMH - 16 50M 4/82 (VRA 15, 4) 24 FUNERAL DIRECTOR
Singleton

BP.

ACT TO A SECOND STREET	erotom	ed 1.77	
	nA one	A.R.U	
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innet seiffichiet :			Coma bna beat
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	united the state of	at all places by	. V. W
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Mort of the line of the		rige.	

Markey and and the same of a superior 

SH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af

TO HOSPITAL

3	1-	FOR STATE REGISTRAR		ALTH AND MENTAL HYG CATE OF DEATH	FIENE REG. N	0.
2	I. DEC	Dorot	hy F. Da	syle	20 DATE OF DEATH	MONTH DAY YEAR 25 HOUR NO. 20.1984 1 A.M.
after, after ce.	3 SE)	temale	White Manit	DAY YEAR	AGE (IN YEARS LAST BE	YRS. MONTHS DAYS HOURS MIN
72 hou	C	lew York	USH WIDOWEL		Annei	Trundel MD.
by the ed wi	/	-/ MO/d	1247 / MBER JUT	n Rd.	12a USUAL OCCUPAT TYPE OF WORK FOR MOST OF	
filled and be	-14	Md. H1	H. Hrnold	134 INSIDE CITY LIMITS? YES NO 🖽	134 STREET ADDRESS	berturn Rd. 21012
and 2		THER'S NAME	Ringger	15_MOTHER'S MAIDEN NA	ME MIDDLE	Wieter
ages		(AS DECEASED EVER IN U.S. ARME ES, NO OF UNKNOWN) (IF YES, GIVE W.		Robert 3	Doyle	# 13
tending physiciar carbon papers. P on, or removal. traumatic event,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE		Niccore	none of	APPROXIMATE INTERVAL  SETWEEN ONSET AND DEATH
by the attempted to the contraction of the contract		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF		V	
een signed I Then pleass or to burial any injury,	NOI	PART 2 OTHER SIGNIFICANT CO	NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT N	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	
ficate has been not permit. The Hygiene prior in 18 shows an	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
is certification is certification in the feat of the f		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2}
After thi s the buri th and M marked o	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
RECTOR: for use a t. of Heal tem 21 is		22a I certify that (I) (this haspital saw the deceased alive an	new the body after death.		, to death occurred an the d	. 19, that (I) (we) last ate and haur and from the causes stated
TO FUNERAL DIRECTORING to though the Greated for with the State Dept. o		226 SIGNATION ) Key	eles		MEDICAL STA	
TO FUNER should be di with the Sta		2201 PHYSICIAN'S NAME (TYPEORPH DONAL)	J Nitrol	ROBINSON	RD -Owe	US WAY SEUSKNAPXN
)		PECIFY)	June 21, 1984 Ceda	METERY OR CREMATORY	SULT A	nd PG MI
HMH-16 25M	24 FL	NERAL DIRECTOR	ADDRESS 2	UD 250 DAT		25h REGISTRAR'S SIGNATURE

Commence to the control of the contr TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR, After this certaints has been signed by the attending physician and completely should be detached for use as the burial trainil permit. Then please remove carbon papers. Pages 1 and 2 should the State Dept. of Health and Americal Hypiene prior to burial, cremation, ar removal.

injury, ar other traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shaws

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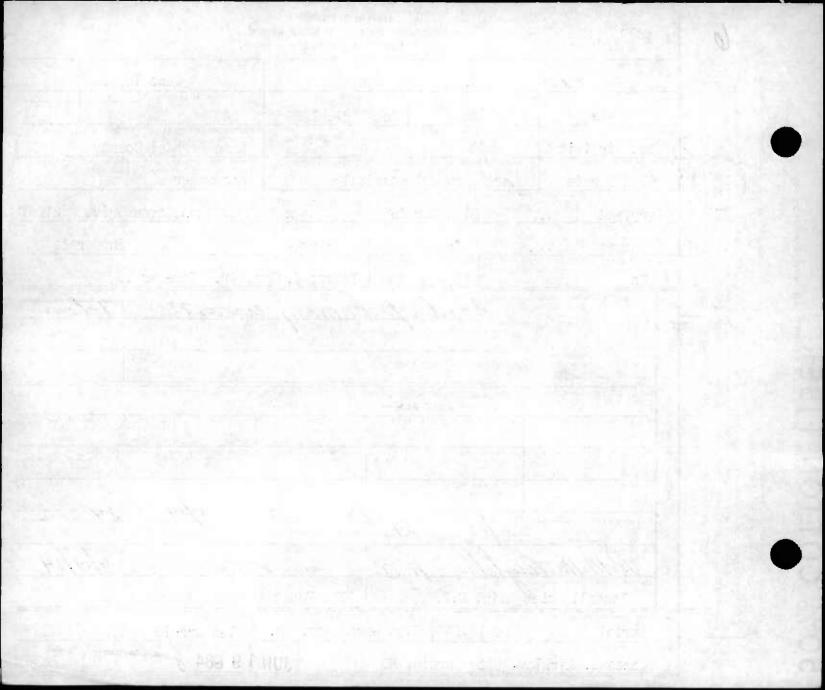
STATE OF MARYLAND	103
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

1	REGISTRAR	,			CERTIF	ICATE OF DEATH	REG. N	0.				
	CEASED NAME	FIRST	A	AIDDLE	L	AST	20 DATE OF DEATH	HIMOM	DAY YEAR	2b. HOUR		
11111	CAPANAI	Nancy		S.	Dy	/e		June	14,1984	M		
1. SE	X	4	RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
-	Female		Whi	te	0ct	27, 1935	49	YRS	MONIHS DAYS	HOURS MIN.		
7a. B	RTHPLACE ISTATE	OR FOREIGN 71	. CITIZEN OF		VIRY? 8		9 BALTIMORE CITY C					
-	Vest Virg		US	Α	WIDOWE		D LA NEVER MARRIED					
	Glen Burr	nie	North	H FACILITY, GIVE	iursing home of street address)  del Hospi	ital	126 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKEY					
13a S	al residence (IFN) STATE Maryland	13b COUNT	Y	13c CITY OF	e before admission) R TOWN Burnie	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS 8023 Ston	eha ve	en Drive	21061		
14. FA	ATHER'S NAME FIRST	MI	DDLE	ŧA:	ST	15. MOTHER'S MAIDEN NA	MIDDLE		LAS	1		
	Thomas	J.		Gral		Bertha			Snodg	rass		
	VAS DECEASED EV		ED FORCES?	16b SOCIAL	L SECURITY NO.	17. INFORMANT	ADDRI	ESS				
	No	(IF YES, GIVE	WAR ON DATES)	111-2	28-1708	Thomas E. D.	ye, Jr., Sai	me as	5 13			
NO	Conditions, if or gove rise to i couse (a), sto underlying cau	mmediote ting the use lost.	(b) DUE TO, OF	R AS A CON	SEQUENCE OF  G TO DEATH BUT	NOT RELATED TO THE TERM	ainal disease or con	DITION G	GIVEN IN PART 110	2		
CERTIFICATION	190. DATE OF OPER	RATION	19b. CONDI			N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDINTIFYING CAUSES			
MEDICAL CER	220.1 certify that sow the dece above, (1) (we 22b. 51.51.41)	CAUSE OF DEATH EDICAL EXAMINER! URRED WHILE OVORK  (1) (this heapito psed alive on 1) (end) (did not)	P./ 21e PLACE ( (AT HOME STR 1) ottended the view the body	M. MONTI M. DF INJURY EET, FACTORY, C	19 84 . ar		RED (ENTER NATURE OF INJU	RY IN ITEM 18	COUNTY	STATE that (I) (we) lost couses stated		
		11 McLæ	ughlin,	M.D.		1	in Road, Pa	sade	na, MD			
23a E	BURIAL, CREMATION SPECIFY) Burial	V, REMOVAL	June 1	8,84		ewetery or crematory aven Mem. Pk.	Glen Bur	nie	AA	MD		

BP DHMH - 16 50M 1/B1 (VRA 15, 4)

James S. Kirkley, Glen Burnie, MD

JUN 1 9 1984



FOR - STATE REGISTRAR

DECEASED NAME CTYPE OF FEBRUAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	REG. NO.
E EPP	JUNE 27 1984 2:00 %
S DATE OF BIRTH  MONTH  DAY  1697  WHAT COUNTRY?  MARRIED   NEVER MARRIED	6 AGE (INYEARS LAST BIRTHDAY)  STORM ON THE STORM OF THE STORM ON THE
STATES WIDOWED DIVORCED DISPITAL, NURSING HOME OR OTHER INSTITUTION HEACHTY, GIVE STREET ADDRESS)	ANNE ARUNDEL MD.  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  SEMBTRESS  COMPY MANE. Co.
SEVERNA PARK YES   NO X	13e STREET ADDRESS / ZIP CODE
THE BARBARA	MIDDLE GAA
16. SOCIAL SECURITY NO. 17 INFORMANT 716 - 09-7035 MIRIAM NA	SH (SAME AS 13)
linefor(a), (b), and (c). On ae Stive Heart	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
R AS A SOM SEQUENCE OF	
R AS A CONSEQUENCE OF	
NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVEN IN PART 110

1.5EX 4. RACE CAUCA LITTATE OF FOREIGN 76 CITIZEN OF UNITED NAME OF I CITY OR TOWN OF DEATH NNAPOLIS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13g STATE 1136. COUNTY ANNEHRHADE MARYLAND 4 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST NO 18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OF Conditions, if any, which (b)\_\_\_ gave rise to immediate cause (a), stating the DUE TO, OR underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CO CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that ( (this haspital) attended the deceased from that we (we) last 29 saw the deceased alive-of and that in (aur) opinion death accurred on the date and hour and from the causes stated obove, ( (we) (de DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN \$ DIRECTOR PHYSICIAN 22e ADDRESS GOLDSTEIN 4NNAPELIS 23a. BURIAL, CREMATION, REMOVAL 236 DATE

DHMH - 16 50M 4/83

ATTENDING

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Pages

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burial-transit permit.

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MPORTANT: If Item 21 is

should be detached with the State Dept

24 FUNERAL DIRECTOR NAME (VRA 15, 4)

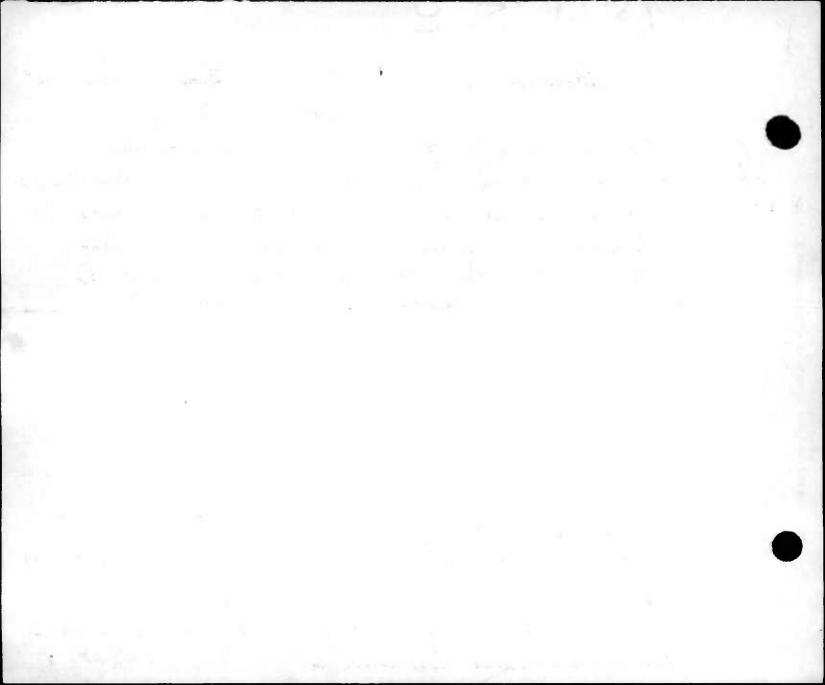
(SPECIENA

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

DALTIMAKE MD

25a DATE REC'D.



## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

cartificate nationers signed by the ottending physicion and completely filled in by the

injury, or other traumotic event, the

marked or Hers 18 shows

MPORTANT, If them 21 is whould be detached to with the State Dept. of

ental Hyperes prior to buriol, cremotion, or removal.

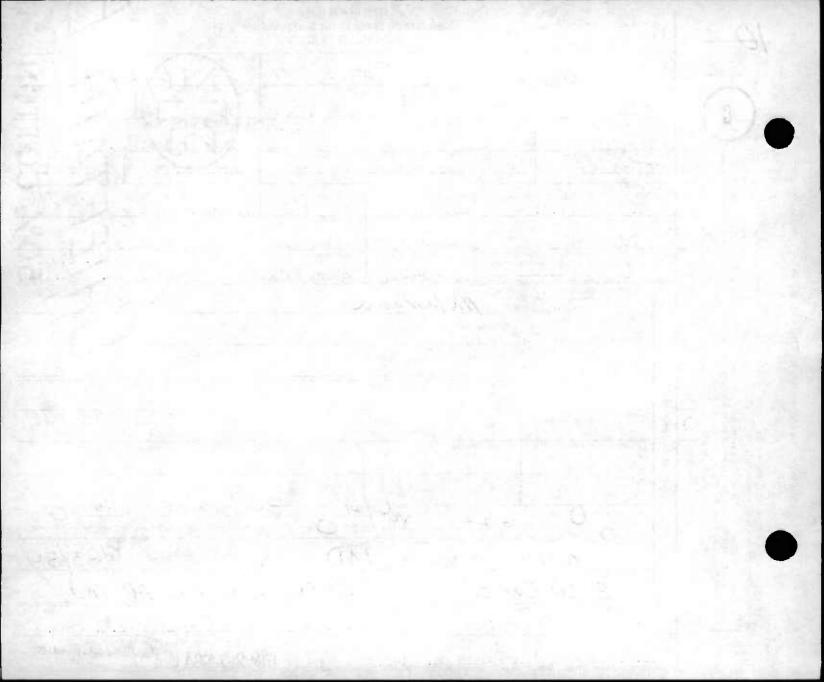
STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

REGISTRAR				CERTI	FICATE OF DEATH		REG. NO			
1. DECEASED NAME	FIRST		MIDDLE		LAST	2e. DATE OF		NONTH D	DAY YEAR	26 HOUR
(TITE ON PRINT)	WARS	er.		Cii	TSIER,		/	0/2	5/84	715A
3, SEX		4 RACE		5. DATE (		6 AGE (INY	EARS LAST BIRT	GATI/	Pylomida	IF UNDER 24 HRS
MALE		WHITE		1	ot. 27 1897	86		YRS	CALLS DATS	HOURS MIN.
70 BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DE NEVER MARRIED	9 BALTIMO	RE CITY OR	COUNTY	OF DEATH	
Virginia		US	A	WIDOW	ΛΛ		e Aru	ndel	Co.	WE
Annapoli:					DROTHER INSTITUTION L Hospital	TYPCAPP	enter enter			F BUSINESS OR Cruction
USUAL RESIDENCE (IF	136 COL		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e STREET	ADDRESS		7	0711
Md.	A.A	•	Lothian		YES NO X	77 Ed	ward	Lane	~	
14 FATHER'S NAME		WIDDLE	ŁAST		15 MOTHER'S MAIDEN N	IAME	WIDDLE		LAST	
John			Eutsler		Florence		Me	cCaule	еу	
160 WAS DECEASED EN		RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRES	S	Md.	21054
No			579-03-6	5853	Robert Mill	.er	C.	laffy	Dr. Ga	mbrills
18 CAUSE OF DI	EATH (Enter o	only one couse per	line for (a), for, an	dicti					BETWEEN C	MATE INTERVAL
PART 2 OTHER S  190 DATE OF OPE  210. ACCIDENT WAS	ouse lost.	(c) CONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TER	20a AUTO		20b. IF YES,	WERE FINDIN	IGS USED
210. ACCIDENT WAS		21b. TIME C		. VE 18	21c. HOW INJURY OCCU	IRRED (ENTERNA	TURE OF INJURY			
OR CONTRIBUTING		EAIN	M. MONTH DA	19 19						
(IF EITHER NOTIFY)  21d. INJURY OCC		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	A DAA . 67.6 1	21f. LOCATION		CITY OR TOW	2	COUNTY	STATE
MHIFE NO	WORK	(AT HOME 311	REET, PACTORT OFFICE, F	ARM EIC I	1. 00	. /	1/01	_	011	
saw the dec	eased alive o	pitol) oftend/d the	4 10	84	nd that in (our) opinion	n deoth occurred	d on the dot	e and hour		tho (I) (we) lost couses stated SIGNED
6	resu	we	sline		MD ATTENDING PHYSICIAN	MEDICAL	STAFF  PHYSICIA	AN 🗌	6/23	5/84
22d. PHYSICIAN'S	W	COLE			51 FRAN	KLIN	AN	NA	o ma	1
230 BURIAL, CREMATIC Burial	ON, REMOVA	236. DATE 6-27-			remetery or crematory n Methodist	CITY	lersvi	ille	A.A.	Md.
74 FUNERAL DIRECTOR T.A. Har	desty	Annapo	lis Md. 2	1401	250 DA	IJN 2.6	EGISTRAR 2	Sh REGISTE	PAR'S SIGNATI	gandell.

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.



BP. DHMH - 16 50M 4/83 (VRA 15, 4)

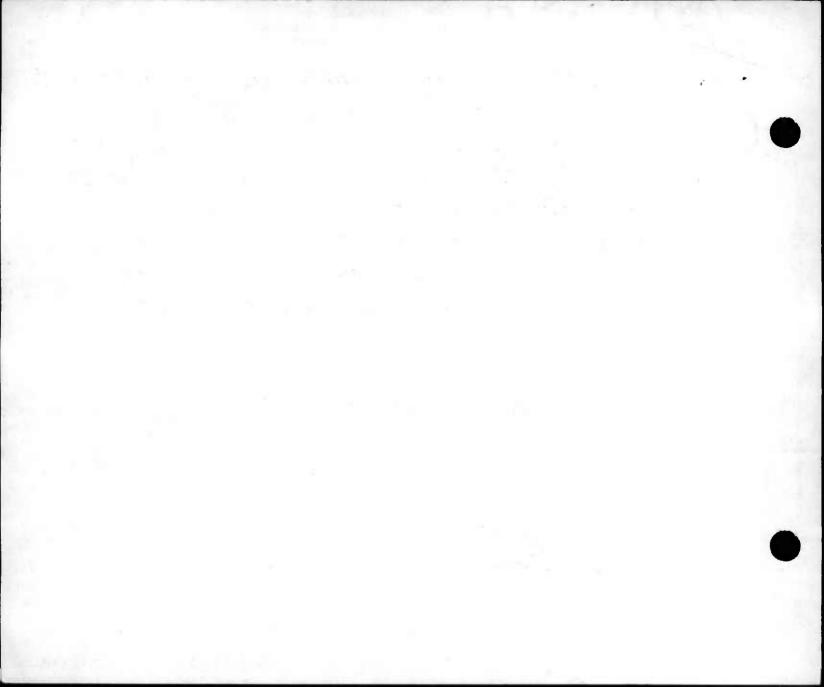
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### STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	1	FOR STATE REGISTRAR		DEPARTM		EALTH AND MEN		REG. N	0		
		CEASED NAME ARE OR PRINT)	RV MIDDLE	Juddy	E S. DATE O	VAN S	Ś	20. DATE OF DEATH	MONTH D	-84 6	L HOUR
		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	MONTH 10	DAY	YEAR DE S	9. BALTIMORE CITY O	YRS		IOURS MI
170	-	PENNSYLVANIA	U.S.A		WIDOWE		RIED	ANNE AR	- UNDEL		Y ,
3		TY OR TOWN OF DEATH	11. NAME OF HOSP (IF NOT IN SUCH FACE A.A. GEN		ADDRESS)	_	TION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SALESMAN		12b. KIND OF EINDUSTRY LIQUO	
33	13a. S	AL RESIDENCE (# NURSING HOME OR STATE 136. COUN RYLAND A. A	VTY 13c C	ESIDENCE BEFORE CITY OR TOWI NNAPO	N I	13d. INSIDE CITY YES 🛣 NO	LIMITS?	13e STREET ADDRESS 1101 PRI	ZIP CODE MROSE	CT 2	140.
W2/	14. F.A	NATHAN	MIDDLE E	TSKOV	ITZ	LENA		MIDDLE		LMAN	
medicol	láo V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV YES WW	E WAR OR DATES)	4 – 03 –		17 INFORMANT ALBERT	ETSK	ADDR OVITZ	FLOR		
c event, th		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAL	nly one cause per line to D BY TE CAUSE (o)	ARCIM	bw\	1 lun	D	Cerchal	nek	APPROXIMA BETWEEN ON:	TE INTERVAL
ury, or other troumot	z	Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS (b)  DUE TO, OR AS (c)  CONDITIONS CONTR	a conseque	NCE OF	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATIO	N WAS PERFORM	ED	20a AUTOPSY? YES NO	IN CERTIFY	, WERE FINDING YING CAUSES O	
Hem 18 sh		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		MONTH DA	Y YEAR	21c. HOW INJUR	RY OCCURRI	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	
morked or I	MEDICAL	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	ACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TO	DWN	COUNTY	STAT
. 21 із то		220 I certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	6/2	1 19	, or		r) opinion d	, to eoth occurred on the o		ond from the co	
IMPORTANT: If them 21 is m		224 PHYSICIAN'S NAME (TYPE O	A SERVICE				NDING ISICIAN	MEDICAL STA		22¢ DATE SK	GNED
MPORTA					11115 05 0			This to cattle			<u> </u>
_		BURIAL, CREMATION, REMOVAL CREMATION	6/23/84			EW MEM.	PARE			COUNTY	MD
1/83		UNERAL DIRECTOR NAME ARDESTV FIINER	AI HOME	ADDRESS A NI NI A	POIT.	dw 2		REC'D. BY REGISTRAF	1 0	Pavidson-To	



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_	after	ed the	Title
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Q	24	filled	must
RYL/	within	etely 3 2 sh	examiner must be notified of or
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AOR B	exec	ond	edice
ALTIN	te be	ician sers. P	the H
 	rifica	phys	event,
20	th ce	carbo carbo	afic
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	e deo	mave nation	traun
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ORDS	redo	en sig	inju.
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	R AT	RECT hed for	tem 2
	AL O	AL Disterior	T. If I
	DSP(T ed by	d be c	RTAN
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death, frage 4 retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun read retain pay is should be detached for use as the build-transit permit. Then please remove carbanapapers. Pages I and 2 should be filled within 72 in other death with the State Dept. of Health and Mental Hygene prior to build, cremation, ar removal.	IMPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the medical examinermust be natified at ance.

	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		6. NO.	; 0 6	ED ED	T	
		CEASED NAME FIRST LEONA		MIDDLE	EVERD	A\$1	JUNE	1984	20.11001			
		ile	4 RACE Whit		S. DATE C		6. AGE (IN YEARS LA	YRS.	IF UNDER 1 YEAR	IF UNDER	MIN.	
35	Ma	RTHPLACE ISTATE OR FOREIGN OUNTRY) LTYLAND TY OR TOWN OF DEATH	U.	S.A.	WIDOWE	D NEVER MARRIED DIVORCED DIVORCED DIVORCED		ARLINDEL	COUNT	OF DEATH COUNTY  MD  126. KIND OF BUSINESS OR		
4		GLEN BURNIE	NORTH	H'ARURYDEET	MUSPI		120 USUAL OCCU (TYPE OF WORK FOR M Salesma		PED INDUSTRY Dept		ore	
35	13a. S	Id. 13b. CO		Pasade:	'N	13d INSIDE CITY LIMITS? YES NO 🔼		ss / zip cop	Ave.	2112	22	
20		Steven	J.	Everd		Nargaret	MIDD		Heise	'n		
		VAS DECEASED EVER IN U.S. TES, NOOR UNKNOWN)   IF YES,		166. SOCIAL SECU 220-14-		Wayne Ever		lgemer				
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly ane couse per SED BY:  ATE CAUSE (0)	line for (a), (b), on	E F	ailure				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)_	R AS A CONSEQUE	La	increatic Car	unoma		3	mon	な	
	TION					NOT RELATED TO THE TERM						
2	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FIND! FYING CAUSE: ES []		TH?	
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	VER) P.	m. month da m.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)			
	MED	WHILE NOT WHILE AT WORK		EET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET	City	OR TOWN	COUNTY	5	TATE	
		220. I certify that (1) (this ha saw the deceased alive above, (1) (we) (dim ) and	on 0 -	deceased from_ 19		nd that in (my) (our) apinion (	death occurred on the	ne date and hou			,	
		226 SIGNATURE	8#19	2		ATTENDING PHYSICIAN	DIRECTOR PH	STAFF YSICIAN [	6/	18/8	4	
1		LONG S. HS				GLEN BURN			)61	Tfirt		
	230 B	urial, cremation, remov. SPECIEV)	23b. DATE 6/21/			emetery or crematory aven Mem.	Glen	Surnie	A°·A.	Mò	ATE	

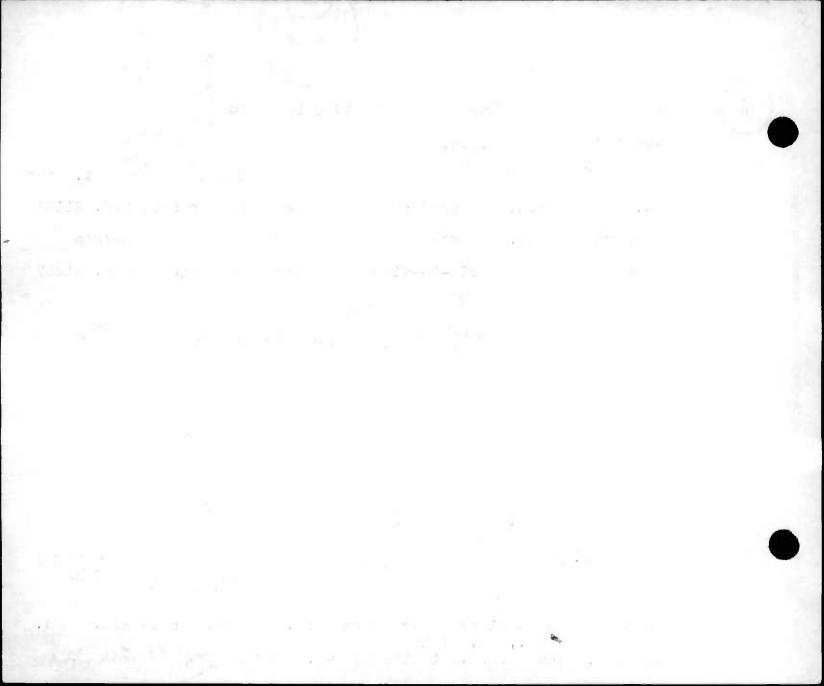
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

George J. Gonce F.H. 4001 Ritchie Hwy.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

WWW 20 184 Julia Davidson Panels



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital ar attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direction pages should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages I and 2 should be filed within 72 hours ofter death with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or ather traumotic event, the

with the State Dept. at nearn con-

executed within 24 haurs ofter death. Pa

### FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1-	STATE REGISTRAR	OH ARIME	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
11112	James	5 Orerely	Faris	June.	16.1984 4
3. SE	X 4.	RACE	. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	nale (	aucasian	Feb. 24, 1897	87 YRS.	MOTHS DRIS MOOKS MIN.
	RTHPLACE (STATE OR FOREIGN 76	. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
	COUNTRY)	USD	WIDOWED DIVORCED	Anne Arur	idel Co. Mo.
		1. NAME OF HOSPITAL, NURSING		120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
A	nnanolis	One Arundel	General Hospital	Doctor	LIFE) INDUSTRY
		THER INSTITUTION GIVE RESIDENCE BEFORE ALL	DMISSION)	1	20715
1	ND PG	Boure	YES NO X	136. STREET ADDRESS,	ledge Lane
14. FA	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	9,
B	eniamin L	DDLE FAST	F-1 70he	th MIDDLE	Pfeiffer
	VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166. SOCIAL SECURI	TY NO. 17. INFORMANT	ADDRESS 115	Windoote, Wa
V	YES, NO OR UNKNOWN) (IF YES, GIVE V	1919 519-52-1	974 Teanne For	ais Gilmour A	nog palas MII 214
	IS CALISE OF DEATH (Fater paly	one cause per line for (a), (b), and (	E HOEWHIE IN	CIS G II MOLLE-TI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY:	TA 0 CO	\	BETWEEN ONSET AND DEAT
	IMMEDIATE	CAUSE (0) UNIT GEN	Marie Co	CACIONAL	40-000-1
		DUE TO, OR AS A CONSEQUEN	CE OF		
	Conditions, if ony, which gove rise to immediate	(p)			
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUEN	CE OF		
		(c)			
z	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	WEN IN PART 110
CERTIFICATION	19a, DATE OF OPERATION	196. CONDITION FOR WHICH O	DEDATION WAS DEDECORATED	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED
FICA	198. DATE OF OPERATION	198. CONDITION FOR WHICH O	PERATION WAS PERFORMED	IN CERT	IFYING CAUSES OF DEATH?
RT	218. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121- HOW BUILDY OCCUP		ES NO
	OR CONTRIBUTING CAUSE OF DEATH	110110 A 41 41001711 0 411	YEAR ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
CA	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M. ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK NOT WHILE AT WORK			1/10	54
	22a I certify that with hospital		Feb 29 19 89	10 6 10	. 19 (we) lost
	sow the deceased ally one attack the deceased ally we will did not a state of the s	viely the body after death.	, and that in (my) (our) apinion	death accurred on the date and ha	or and from the causes stated
	THE SUGNATURE		DEGREE		22c. DATE SIGNED
	My K	-	M. D. ATTENDING	MEDICAL STAFF	6/18/54
	HE PHYSICIAN'S NAME THE ORP	RINT	220. ADDRESS	You	
	James 1	Chacmas	1521 R	toler tow.	- Amolde
23a. F	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d LOCATION	
(	PRECIEV)	T nouse 10	edox Hill	S CHY OF TOWN	POUNTY MINE
24. EI	UNERAL DIRECTOR	Bulle ag Fight	CLIA!	TE REC'D. BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
T	TIME FILLS	Charal Andress	ochie Will III	N 2 2 1984	Toudson-Randell.
10	-yior runeral	Chape-Anna	11111100	13 - 61 - 11 - 11 - 19 - 19	,

DHMH - 16 50M 4/82

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requires that the death certif

TO HOSPITAL OR ATTENDING PHYSICIAN, The ned by the hospital or atte

### 1 - STATE

Mc Willy Funeral Home, 130 E. Fort Ave. Balto. Md.

	216	ITE UF M	AKTI	AND	p. 4
DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIEND
C	ERT	IFICATE	OF	DEATH	

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	REGISTRAR							REG. NO.				
	CEASED NAME	FIRST	^	MIDDLE	١ ١	AST	2a. DATE OF D		-	YEAR	2b. HOL	JR 15
		ulia		1.	1-6	eimer		4	/201	184	10	PM
SE	X	4.	RACE		5. DATE C		6. AGE (IN YEA	RS LAST BIRTHDA	Y) IF UN	DER 1 YEAR	IF UNDER	24 HRS
	F-emale		WH	ite	5	3 93	91		YRS.			
. BI	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	9. BALTIMORI	CITY OR C	OUNTY OF I	HTASC		
	Hungary	3.63	USA		WIDOWE	_	1 1 1 /	0.				MD.
0. C	TY OR TOWN OF DEA	ATH 11		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a. USUAL OC			ZE. KIND O	FBUSIN	ESS OR
	Baltimore		11	/ /	Nurs	ing Home	//	sevile		4DOSIKI		
SU	AL RESIDENCE IN NURS	136 COUNT		GIVE RESIDENCE BEFORE	ADMISSION	PIZZ INICIDE CITY I IN ITCO	In CYNEET AS	DRECC				
	anyland	V #	Eu.	Bookty	meth.	YES NO	130. STREET AS	enry.	St.Bal	to.Mo	1.21	230
4. F	THER'S NAME					15. MOTHER'S MAIDEN N		- "				
	Michael	MIL	DDLE	Till		Cathe		MIDDLE	1/2	known		
	VAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17. INFORMANT		ADDRESS	12/12	N LONIA		
- {	YES, NO ORUNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	212-74-9	9400	Mrs. Cather	ine Schu	tz. Sal	ne as	above	2	
	18 CAUSE OF DEAT	H (Enter only	one cause per	the for (o), (b), one	d (c).)					APPROXI	MATE INTE	RVAL
	PART I. DEATH W	AS CAUSED	BY:	ardio		oran Ary	Arres	-				
		MINIEDIAIL		DACA CONICTOUR	NCE OF							
	Conditions, if ony	, which	(b)	PAS A CONSEQUE	SCL	where Corn	nous Use	مالام	Discor	e.		
	gove rise to improve couse (o), stating	mediote	DUE TO O	R AS A CONSEQUE								
	underlying couse		(6)	R AS A CONSEGUE	NCEOF							
	PART 2. OTHER SIGN	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITI	ON GIVEN IN	V PART 110	) '	
N Q												
CAT	190 DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP		b. IF YES, WE			
TE							YES 🗆	40 🗆 🖺	YES [	CAUSES	NO [	
CERTIFICATION	21a. ACCIDENT WAS UNI		216. TIME O		Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATU	RE OF INJURY IN	ITEM 18 PART 1	ORPART 2)		
¥.	OR CONTRIBUTING		P.		19	3 1 1 1 1 1						
MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY		211 LOCATION		CITY OR TOWN		COUNTY		STATE
2	AT WORK NOT WE	RK	(AT HOME, STR	REET, PACTORY, OFFICE PA	ARM, ETC J	JACET						
	22a.1 certify that (1)		) ottended th	e deceosed from		, 19	, to		, 19		that (1) (	we) lost
	saw the deceas above (I) (we) (	ed alive an_	view the body	after death.	, or	nd that in (my) (our) opinio	n death occurred	on the dote o	and hour and	from the	couses st	oted
1	ML SIGNATURE	0	HER HIS COST	arres dedini		DEGREE				22c. DATE	SIGNED	
1	hue	e ke	-	200		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		(c)-	ra (o	u
	274 PHYSICIAN'S N	AME ITYP DEP	eivi)			22e. ADDRESS					- 0	-
3a. (	BURIAL, CREMATION.	REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCAT	ON				
	(SPECIFY) Buri	1		~ .	11 .	Cross Cemete	eau Balt	Imone	c99	anula	and :	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the oftending physician and in shauld be detached for use as the burial-transit permit. Then please remove cortain-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

mjury, or other troumotic event.

MPORTANT: If hem 21 is marked or them 18 shaws any

\$ 21 my (m) 4 A CONTRACT OF THE PARTY OF THE the same statement that the same same 

### requires that the death certificate be executed within 24 hours after death. Page 4 may be TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funes should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 3 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital ar attending physician.

IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEP	ARTMENT OF H	EALTH ANI		IYGIEN	REG. NO.				
		EIRST	٨	AIDDLE	i	AST		20	DATE OF DEATH	ONTH DA	Y YEAR	2b HOL	JR
(TYPE	E OR PRINT)	ARRY			FEY				. 06	11	84	10	Pim.
3. SE	x	4	RACE		5. DATE C				AGE (IN YEARS LAST BIRTHE		UNDER I YEAR	IF UNDER	24 HRS
	male		W	hite	MONTH 9	6	` <b>`</b> 1^7		66	YRS.	DAYS	HOURS	MIN.
Zar B	IRTHPLACE (STATE OR FOR	REIGN 7	CITIZEN OF	WHAT COUN	ITRY? 8	n NEVE	R MARRIED	9.	BALTIMORE CITY OR	COUNTY	F DEATH		
	Md.		U.	S.A.	WIDOWE		DIVORCED		Anne Aru	ndel	Coun	tу	MD.
10 C	ITY OR TOWN OF DEATH	н 1			URSING HOME (	OR OTHER IN	STITUTION		OUSUAL OCCUPATION		12b. KIND O INDUSTRY	F BUSIN	ESS OR
	Glen Bur	nie		h Aru		ospit	al		maintenan		Rec.	Park	S
USU 13e	AL RESIDENCE (IF NURSING	G HOME OR O		GIVE RESIDENCE		1134 INSIDE	CITY LIMITS	2 113	e.STREET ADDRESS / Z	IP CODE			
	Md.	A.7		130. 011		YES [	ио 🎇		8134 Hig	hpoi	nt Rd	. 2]	226
14. F/	ATHER'S NAME		DDLE	LAS	3		R'S MAIDEN	NAME	MIDDLE		1.45		
	Henry	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DOLL	Fe		J	ulrsia		L.		Mat	thev	vs
	WAS DECEASED EVER IN		ED FORCES?	16b SOCIAL	SECURITY NO.	17 INFOR	AANT		8456	Gar.	land 1	Road	<u> </u>
,	yes	WW	II	214	12 296	7 Phi	llip	K.	Fey Pasa	dena	Md.	21]	.22
	18 CAUSE OF DEATH	(Enter only	one couse per	line for (a), (	by ond (c),	7		_0			BETWEEN	MATE INTE	RVAI DE ATH
			BY: CAUSE (o)	Ven	tucul	of a	ly	hu	ugi .		/	my	
	Conditions, if ony, v	.h.:.h	DUE TO, OF	R AS A CONS	SEQUENCE OF	C	1 1/2		hallen -		m	nth	2,
	gove rise to immer couse (o), stating underlying couse		DUE TO, OF	/ 1/	SEQUENCE OF	belind	J P	vla	mes Over	4	24	44	
NO	PART 2. OTHER SIGNIF	(1)	onditions co	NTRIBUTING	S TO DEATH BUT	NOT REIGHT	ED TO THE TE	ERMIN.	ALDISEASE OR CONDI	ION GIVE	N IN PART		
CERTIFICATION	190 DATE OF OPERATIO	NC	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PER	ORMED				WERE FINDIN ING CAUSES		TH?
	?10. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEAT	21b. TIME O HOUR A.I	M. MONTH	H DAY YEAR	21c. HOW	INJURY OCC	URRED	ENTER NATURE OF INJURY	NITEM 18 PAR	T I OR PART 2]		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK		21e. PLACE (	OF INJURY EET, FACTORY, O	OFFICE, FARM ETC.)	211. LOCA STR		_	CITY OR TOWN		COUNTY		STATE
	22a. I certify that (I) (t	-		e deceased f	13.1	3/31		57	, 10_ 6/	1 2 19		that (I) (	we) lost
	sow the deceosed obove, (I) (we) (a)	olive on_ (did not)	view the body	ofter death.	19 84.01	nd that in (m	y) (der) opini	ion dec	oth occurred on the dote	ond hour	and from the	couses st	oted
	22b. SIGNATURE	emi	rlf			DEGREE	ATTENDING PHYSICIAN		MEDICAL STAFF DIRECTOR PHYSICIA	N	6/0	SIGNED	84
	22d PHYSICIAN S	F G	ARA	rty		22e ADDR	ESS 86	5/ A	PT SMA. SAPEDA	MIC	108 0	22	_
	BURIAL, CREMATION, RE		23b. DATE 6/15	/84	23c. NAME OF C				Dorsey	Н	bward	N	. BN
24 F	UNERAL DIRECTOR		400	1 Ri+	chie H	TA/\$/	25a. (	DATE R	REC'D BY REGISTRAR 25	RECUSTR.	AR'S SIGNAL	Hele	

DHMH - 16 50M 4/83 (VRA 15, 4)

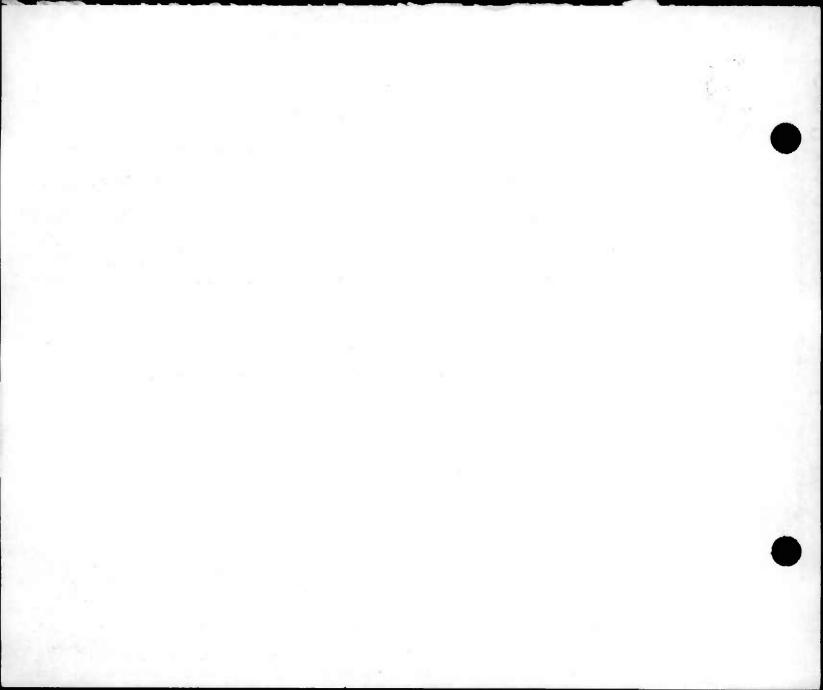
George

BP.

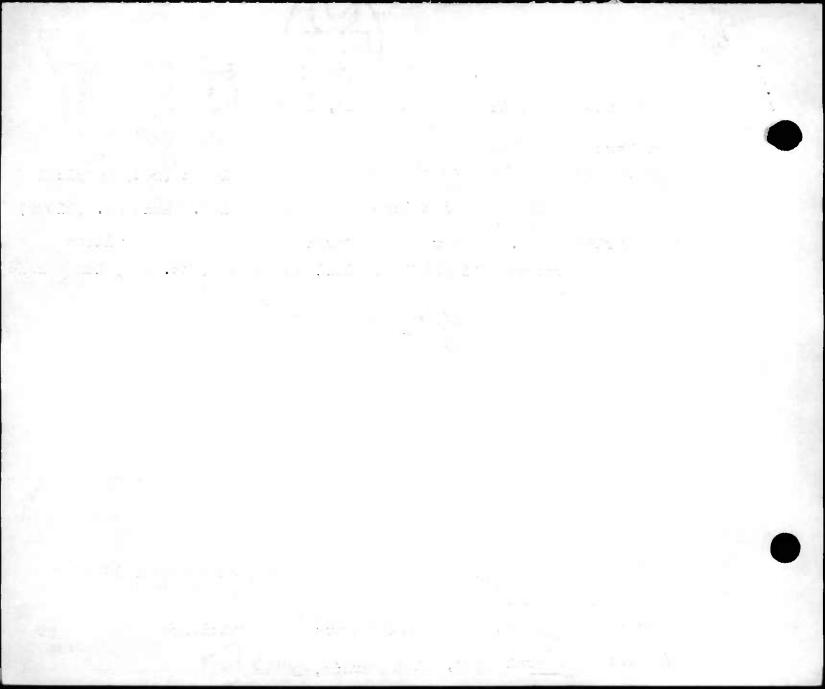
21225 Gonce Baltimore Md.

JUN 1 3 1984

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3	1.	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYGII CERTIFICATE OF DEATH	REG. NO.	5 0 6 5 EDT
the earth		CEASED NAME FIRST ANTTA	A.	FOX (Lane)	20 DATE OF DEATH MONTH	20°, 1984 2850° P
of Control	3. SE	female	white	Jure 15, 1898	6 AGE (IN YEARS LAST BIRTHDAY) 86	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 19	N	ew York	USA	MARRIED NEVER MARRIED XX WIDOWED DIVORCED	BALTIMORE CITY OF COL	MD.
by the	4	GLEN BURNIE	OF MORSIGHE ARRESTS	ADD NO SPITAL	12a USUAL OCCUPATION  (14PEGE WORK FOR MOST OF WORK)  (12 - Opt (1	ing life) NO OF BUSINESS OR HOSpital
y Had in	13a. :	MD 136 COUN	TY 13t. CITY OR TOWN	136 INSIDE CITY LIMITS?  15. MOTHER'S MAIDEN NAM		ole Rd. (21090)
0 2 0 0 2 0 0 2 0 0 0 0 0 0 0 0 0 0 0 0	<u> </u>	Charles	E. FOX	Sarah	WIDDLE	Wilson
re by exercition and coers. Pages of the medical		MAS DECEASED EVER IN U.S. ARA YES, NO ON HONOWNI	MED FORCES? 166 SOCIAL SECU 218/12/	2464 William Had	ckney (Att.	P/R)Glen Burnie
equires that the death certificat n signed by the attending physis Then please remove carbon pop rto burial, cremotion, or removal injury, or other troumatic event, i	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE		nal disease or condition	N GIVEN IN PART 110
The low relicion.  te hos been ssit permit. T giene prior shows ony ir	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IN C	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
SICIAN: Top physicing physicing certificate certificate entol Hygin litera 18 sh		71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	D (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART ?)
ottendir ottendir fter this os the but th and M	MEDICAL	21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY {AT HOME, STREET, FACTORY OFFICE, F	ARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
at OR ATTENDI the hospital or at DIRECTOR: A etoched for use the Dept of Heal if If them 21 is me		27a I certify that (I) (this haspit sow the deceased alive on above, (I) (we) (did) (did not 27b. SIGNATURE	ol) ottended the deceosed from	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	27c. DATE SIGNED
TO HOSPITAL TO FUNERAL should be deto with the Stote		224 PHYSICIAN'S NAME LIVE	м. б/	27e ADDRESS /8 GLEN BUR	NIE, MARYLAND	
BP	В	BURIAL, CREMATION, REMOVAL (SPECIFY) Urial	7255	Name of cemetery or crematory  Loudon Park	23d LOCATION CITYOR TOWN Baltimore	COUNTY STATE MD
DHMH - 16 50M 4/83 (VRA 15, 4)		ngleton Fune	ADDRESS	25a DATE	2.6 1084	GISTRAR'S SIGNATURE Day 6500 Hondale



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Physical Company of the Company of t	0	(	No. of the last of
	bu in hearts		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR	DEPAR	RTMENT OF HI	EALTH AND MENTAL HYGI	IENE		
ı	REGISTRAR MARIE (	C. GARREIS	CERTIFI	CATE OF DEATH	REG. NO.		
ł	I. DECEASED NAME FIRST	MIDDLE	L/	LST .	20 DATE OF DEATH MO	ONTH DAY YEAR	2b HOUR
ı	(TYPE OR PRINT) MAR	E C	C	DOSIS		6-28-911	8:05-
ŀ	3. SEX	4 RACE	5. DATE O	ERIDIH	6 AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER TYEAR	IF UNDER 24 HRS
ı	prompt 1	1 1	MONTH	DAY YEAR		MONTHS DAYS	HOURS MIN.
J	EMALE	WHITE	Oct		79	YRS	
A	COUNTRY) &	76. CITIZEN OF WHAT COUNTR	MARRIEC	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNIT OF DEATH	- 1
7	Maryland	U.S.A.	WIDOWE	D DIVORCED	ANNE A	KUNDE	MD.
4	M CITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NUR! (IF NOT IN SUCH FACILITY, GIVE STR</li> </ol>		R OTHER INSTITUTION	12a ÜSUAL OCCUPATIÓN LITYPE OF WORK FOR MOST OF WI	ORKING LIFE) INDUSTRY	OF BUSINESS OR
1	ANNAPOLIS USUAL RESIDENCE (IF NURSING HOME OR	ANNE ARUNI	ELGE	ENERAL IPSP	Key Punch	Op. Bal	to. City
7	130. STATE 136 COUN	Balto	DW-1	13d. INSIDE CITY LIMITS?	1605 Cherr	y St. 21	226
1	M FATHER'S NAME	Darvo	• //	15. MOTHER'S MAIDEN NAM		3 4 3 4 4 4	
1		A. Garreis		Mary	B.	Birmin	gham
7	THE WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRESS		
9	160 WAS DECEASED EVER IN U.S. AR/ ES NO OR UNKNOWN) (IF YES, GIVI	212-10-	3409	A. Wayne Ga	rreis 1022		de Dr.
ı	18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b),	and icu	1		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUSED	D BY: E CAUSE (0) Carde	o-Kes	A Christ		-	
1	WWEDIA	DUE TO, OR AS A CONSEC	DIENICE OF	Λ	· /		7 /
1	Canditions, if any, which	DUE TO, OR AS A CONSEC	(3 A M	race Van G	Josephant	. 2.	2 days
1	gave rise to immediate	(6)	00000				
١	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF				
١	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT.	NOT REMATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1	0
1		Congestive	Heart	Gailus!			
ŝ	190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHI	CH OPERATION	N WAS PERFORMED		Ob. IF YES, WERE FIND I	
1	E				YES T NOT	N CERTIFYING CAUSES YES	NO T
╡	21g. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY		21c HOW INJURY OCCURR			
/	The second secon	din .	DAY YEAR				
1	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED	P.M.  21e PLACE OF INJURY	19	211 LOCATION			
1		(AT HOME STREET, FACTORY, OFFIC	CE, FARM ETC }	STREET	CITY OR TOWN	COUNTY	STATE
1	AT WORK			12/21/	1.158	Keel	
1	22a.1 certify that (I) this haspit	1/20/100/	-	6/84,19	, to	107, 19	that (I) (we) last
1		t) view the bady after death.		d that in (my) (aur) apinian a	death occurred an the date		-
1	22b. SIGNATURE	DAIL	-)	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
	Derry	L. Valua	WOL		DIRECTOR PHYSICIAL	NO 6/6	18/84
П	THE PHYSICIAN'S NAME (THEO	PORIDITI)	\	220. ADDRESS		1	4 1
	TARRY	K. NATHOAN	500	51 FRANA	KLIN ST.	HUNAP	MA.
	230 BURIAL, CREMATION, REMOVAL	. / /		EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY	STATE
	Burial			ross Cem.	Brooklyr		Md.
		o., Md. 21,22		111 6	E REC'D. BY REGISTRAR 256	LREGISTRAR'S SIGNA	
	George J. Gonc			e Hwy JUL 2	1984	V Carl Carl	,

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, Athended to use or with the State Dept. of Health

MPORTANT, If he

With the first the Control of the English of the Control April 1999 the second of the first term of the second o According to the late of the control The state of the s And a chine in the contract of the contract of

		(TYPI	E OR PRINT)	James	Canson		Gennent	
		3. SE	x ale		* RACE , Whiz	te	S. DATE C	
	deoth. Par	1 14	IRTHPLACE (STATE OUNTRY) and	e or foreign	76 CITIZEN OF V	WHAT COUN	MARRIEI WIDOWE	
5	s ofter deoth.  by the funerol iled within 72 fingified of the	10.C	en Burni		North		URSING HOME C SPREED ADDRESS) Yenera	
AND 212	ompletely filled in by the filled with the filled with the filled with the filled with the following the filled with the fille	M	anyland	F NURSING HOME OR 13b. COUN INNE 1		13C CITY OR	BFFORE ADMISSION) TOWN Lena	
MARYL	ted within 24 h ompletely filled ond 2 should b	14. F.	James	/	son Ge	ennent,	Sr.	
IMORE,	be executed on ond comp s. Poges 1 on		WAS DECEASED YES, NO 9 5000		MED FORCES? WAR OR DATES)	216-24	SECURITY NO. 4-8064	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death etained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral and be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.  MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner must be natified \$100.	CERTIFICATION	Conditions, if gove rise to couse (0), underlying	ony, which immediate stating the couse last	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO	R AS A CONS	SEQUENCE OF	
DIVISION OF VIT AL R	TO HOSPITAL OR ATTENDING PHYSICIAN: The low in retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has bee should be detached for use as the build-informst permit, which he State Dept. of Health and Mental Hygiene priori IMPORTANT: If them 21 is marked or Item 18 shows any	MEDICAL CERTIF	(IF EITHER, NOTIFY	CAUSE OF DEA	P,I 21e. PLACE	M, MONTH M, DF INJURY	19 OFFICE, FARM, ETC.)	
•	HOSPITAL OR ATTENDING by the hospital or INDECTOR of the bospital or INDECTOR of the orthogonal or I is more orthogonal orthogona			eceosed olive on wel (did) stid no E			_19, or	
	TO FUNERAL should be detroined by the should be detroined with the Stote IMPORTANT:		22d PHYSICIAN	I'S NAME (TYPE OF	R PRINT)	Thom	as Folke	
		72 "	MITDIAL CREAKAT	WANT DEALOWAL	1 23h DATE		I THE NIAME OF	

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2g. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME June 17, 1984 dr. IF UNDER 24 HRS F BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR 5, DAY 928 FAR 55 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Anne Arundel (ounty DIVORCED R OTHER INSTITUTION 126 KIND OF BUSINESS OR IMPE OF WORK FOR MOST OF WORKING LIFE) onstruction lHospital 662 B Street Pasadena, Md. 21122 13d INSIDE CITY LIMITS? NOX 15 MOTHER'S MAIDEN NAME Mi Laned Spence 17 INFORMANT Mrs. Rose Marie Gernent 662 B Street APPROXIMATE INTERVAL BETWEEN ONSET AND OF ATH mandi NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a N WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | NO I NOF 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21f. LOCATION CITY OR TOWN COUNTY STATE d that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 3708 Mountain Road Pasadena, Maryland C. Thomas Folkemer. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY Bunial Anne Arundel Mi Mountain and lick Neck Rds. Pasadena

June 17, 1952		;·	using	
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and an area and a contraction	hattleyel h	and Louis	- , <del>1</del> 5 , 44	J'm Jamie
Wil I Servet Paralety C. 112	×	15. 182	Line and	= \andrewsind
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STATE OF MARYLAND

Non-Track Test Services

ATTENDING PHYSICIAN:

etoined by the hospitol or

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be fined with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, th

IMPORTANT: If Hem 21 is morked or Item 18 shaws ony

### CTATE OF MADVIAND FOR STATE REGISTRAR

•	TAIL OF M	AKILAND	5.2
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

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	REGISTRAN							REG	NO.			
		FIRST	,	AIDDLE	LA	151		20. DATE OF DEATH	H MONTH	DAY YEAR	26 HOL	JR .
				Naomi		Goolsb	y		<del></del>		3:2	20 pm
3. SE)						FBIRTH	YEAR	6. AGE (IN YEARS LAS	F BIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS
	Female		White	2		ot. 25,	1912	71	YRS		NOOKS	fer first.
7a. BII	Martha Naomi Goolsby June 12, 1984  X   RACE   Milite   Spate of BRTH   Sept. 25, 1972   71   785   785   78			Y OF DEATH								
	EASED NAME  Martha  Naomi  Goolsby  June 12, 1984  Ferrale  Note of Death Month  Name  Ferrale  Note of Death Month  Name  Sept. 25, 1912  71  71  71  71  71  71  71  71  71			ounty		MD.						
10 CI	TY OR TOWN OF I	DEATH	11. NAME OF H	HOSPITAL, NURSIN	G HOME O	R OTHER INST	ITUTION	126 USUAL OCCUP	ATION	12b. KIND	OF BUSINI	ESS OR
	_					tal		Ret. Punc	h Pres	s Op. 19	len L	
USU /	AL RESIDENCE (# N	URSING HOME OR	OTHER INSTITUTION			134 INSIDEC	TY HAAITS?	13a STREET ADDRE	22	1	antir	2 (0.
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14. FA	0.000 000	17 WULC	r wee ace	7200 000	0000	15. MOTHER'S						
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	james							V ZG	Bosse	- 11	oyer	
	res, no or unknown)			227 00 2	F 20		11	Manfiela	1 Sam	0 01 #1	2	
	rω			22/-07-)	))7	Derry	Herword	warefread	Jun			DVAI
				The for tol, (b), on	dici.	est de	11011	will in	Linnes	BETWEEN	ONSET AND	DEATH
	4148	IMMEDIAT	CAUSE (o)	~ chence	·	or au	mari .	was a		4)	9,	
	11/0		DUE TO O	RAS A CONSEQUE	NO OF	00.1.	and	mendi.	4.1.			
			(b)	agrice	from	capa	1	Jane	Darre	re.		
	cause (a), sto	ating the	DUE TO, OI	R AS A CONSEQUE	NCE OF							
	underlying ca	use lost.	(c)_									
	PART 2. OTHER S	IGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION G	IVEN IN PART 1	(a)	
O												
TAT	19a DATE OF OPE	RATION	19b. COND	TION FOR WHICH	OPERATION	WAS PERFO	RMED	20a. AUTOPSY?		ES, WERE FIND		
CERTIFICATION								YES NO	_		NO [	
CER	210. ACCIDENT WAS	UNDERLYING				21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 21		
MEDICAL					19	211 LOCATIO	N		1000			
ME					ARM, ETC )			CITY C	RTOWN	COUNTY		STATE
	AT WORK	WORK -						/	/	Crit		
					24	-/	. 19	, 10		. 19 8 7	, that (1) (	
	sow the dece	eased olive on (did) (did not			on, on	d that in (my)	( <del>oot</del> ) opinion d	leath occurred on th	e date and ho	our and fram th	e couses st	ated
-34			-		11	PERREE				22c. DAT	ESIGNED	-11
93	(111	work	Jues	_	MAI	1) 1	TTENDING PHYSICIAN			6-	-14-	89
	22d. PHYSICIAN'S	NAME (TYPE OF	PRINT)			22e ADDRES	S					
	Dr. Mon	ton M.	Krieger	z, M.D.		606 H	ammonds	Lane, Bo	Ltimon	e, Md.	2122	5
		N, RENOVAL			NAME OF C	EMETERY OR O	REMATORY			60u:		STATE
(	1)	al V	6/16/1	984 9	neen t	Hill Co	meteru	(1)	ista.	Virgini	a	STATE
24 FL	UNERAL DIRECTOR			Baltiman	o M	212	250. DATE		PAR 756 REGIS	TRAR'S SIGNA	TURE	
11	Litte F.	meral i	Homes	237 6 70	fanse	o Ave.	-)	TIIN TE 3	09/1 4	whice Device	son a	Indepo
1.1	y wright	MECHAL I	TOILES A	-//	- Lupus C	11160		0011	JUTY /			

DHMH - 16 50M 4/82 (VRA 15, 4)

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			. Asieno, 11.6.	

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DEPA

STATE OF MARYLAND

RTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	IENE,	
CERTIFICATE OF DEATH	REG. NO.	
TAST	2. DATE OF DEATH MONTH DAY	Y S

	-	Male BIRTHPLACE (STATE OR FORE) Maryland D. CITY OR TOWN OF DEATH Glen Burnie SULAL RESIDENCE (IF NURSING IS) MD. I. FATHER'S NAME FIRST				CER	TIFICATE OF	DEATH	REG. N	0.		
			FIRST	,	MIDDLE		LAST		20 DATE OF DEATH		AY YEAR	26 HOUR
	(TTPE			Raymond			rafton		June 8,	984		7:00 a <sub>n</sub> .
	3. SE)	x	1	I. RACE			TE OF BIRTH	VE AD	6 AGE (IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 HRS
	1			White		J	uly 5	1908	75	YRS.		
2			OREIGN 7	L CITIZEN OF		RY? 8	RIED NEVER	MARRIED -	9. BALTIMORE CITY C	_	OF DEATH	9.6
2				U.S.A		WIDO	WED D	NORCED [	Anne A			MD.
1/	10. CI	ITY OR TOWN OF DEA	TH				NE OR OTHER INS	TITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
U	R				W.B. 8		d.		Construc		Bui	lding
70	USU/ 13a. S	AL RESIDENCE (# NURS STATE	13b. COUN	OTHER INSTITUTION. TY	13c. CITY OR T		0N) 13d. INSIDE (	CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		07.067
2			A	.A	Glen	Burni		NO X	13e STREET ADDRESS	3. & A	. Rd.	21061
hi	14. FA		N	NIDDLE	LAST		15. MOTHER	S MAIDEN NA/	ME		LA	AST
40		unknown					unkr					
1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL S				ADDR		-	21122
7		no	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		216-16	-9593	Viole	t Gumpm	an, 8021 Cu	ba Dri		
		18 CAUSE OF DEAT	H (Enter only	y ane cause per	line fogial, (b)	, and Ici.	0	-0			SETWEEN	XIMATE INTERVAL I ONSET AND DEATH
		PARTI DEATH W	IMMEDIATE		Resp	orrafe	my tac	leue.			for	modeate
1		1717		DUE TO, O	R AS A CONȘE	QUENCE O	4					,
		Conditions, if any, which aver rise to immediate (b) Metastatic Sarcoma								6	mo.	
	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									/		
	underlying cause last (c) Liposar coma									n		
	z	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING	TODEATH	BUT NOT RELATE	O TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PART 1	
	CERTIFICATION	19a DATE OF OPERA	ION	196 CONDITION FOR WHICH OPERAT			TION WAS PERF	DRMED	200 AUTOPSY?		WERE FIND	
71	Ĕ								YES TI NOT		ring cause	S OF DEATH?
7	2	21g. ACCIDENT WAS UNE		216. TIME O		5.W W	21c HOW II	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
7		OR CONTRIBUTING		HOUR A.		DAY YE	AR					
/	ă			21e PLACE	OF INJURY		21f. LOCAT	ON	CITY OR TO		COUNTY	STATE
	Σ	WHILE NOT WH	ILE	(AT HOME STE	REET, FACTORY, OFF	FICE, FARM, ETC	STREE	1	CITYORIC	14414	COOKIT	31.416
		-	his haspite	al) attended th	e deceased fro	om	4/1	19 83	10 6/8		1984	, that (I) we) last
		saw the decease	d alive on	5/15	Intro-do-dh	19 84	and that in my	our) opinian (	death occurred on the d	ate and hour	and from the	e causes stated
99		226. SIGNATURE	The same of the sa	A STATE OF THE STA	arres desarts.	1	DEGREE				22c. DAT	E SIGNED
		(1)	so C	11/10	Interest	1	un	ATTENDING PHYSICIAN IN	MEDICAL STA	FF IAN 🗆	6/1	2/84
1	220. I certify that (1) this has saw the deceased allow obave (1) we) (die 1714  220. SIGNATURE  220. PHYSICIAN'S NAME (1VP)  William A  230. BURIAL CREMATION, REMOV.			PRINT	1)		22e ADDRE	ss Sx.	Agues Ho	pifa	-	
		Willa	am A.	Waterfi	ield M	.D.	900	Caton.	Fre Ba	et the	121	219
-	23a. E	BURIAL, CREMATION	REMOVAL	23b. DATE	T	23c. NAME C	OF CEMETERY OR	CREMATORY	23d LOCATION			
	(	Burial			une 84		owridge I		Ddrsey	How	ard	MD.
,	_	UNERAL DIRECTOR						259 PAT	E REC'D. BY REGISTRAN			
3		James S.	Kirk1	ev Gle	n Burn	ie MD.		JUN	1 2 1984	- Day	ason-Ma	the state of

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the busiol-transit permit. Then please remove carbonpopers. Pages, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayal.

(VRA 15, 4)

James S. Kirkley Glen Burnie MD.

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in a should be detached for use as the buriof-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be if with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

director, page 3

pe 4 may be

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO. 1 DECEASED NAME MIDDLE LAST 2a DATE OF DEATH MONTH FIRST YEAR 2h HOLIR

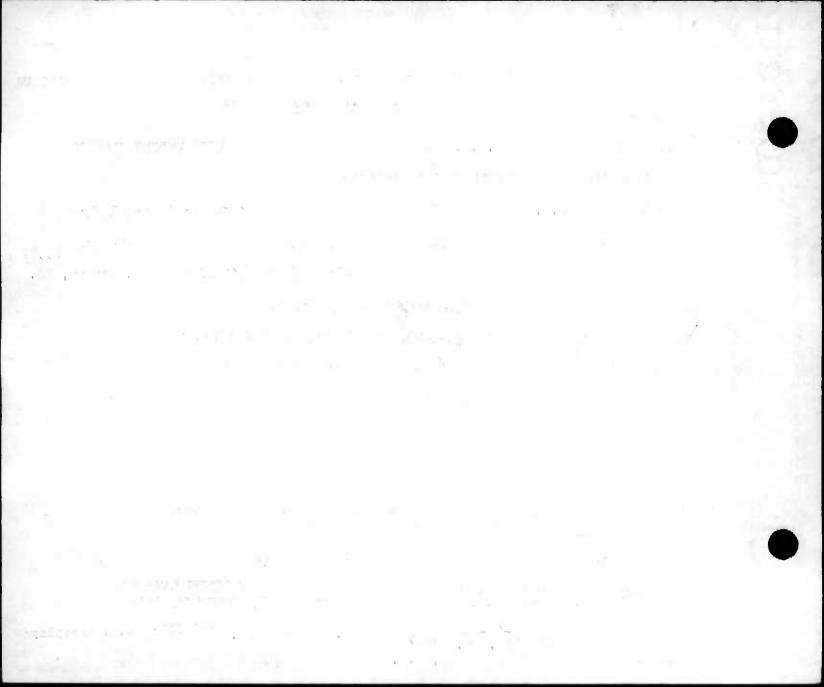
			7 48 37		,				20 DAIL OF BLAIN			28. 1100K
	3. SEX FEMALE BLACK  PLACK  BLACK  To birthplace (State or foreign country)  MARYLAND  To city or town of death  To city o	1984	0215 A									
	3 SEX	(		4 RACE					6 AGE (IN YEARS LAST BE	(THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	FE	MALE		BLACK		7 MONTH	27 DAY	951	88	YRS	MONTHS! DAYS	HOURS MIN
DI			OR FOREIGN		WHAT COUNTRY?	8.	_ []		9 BALTIMORE CITY		Y OF DEATH	
34/				11.9	Ι.Α.				ANNE A	DIMDE	T. COUNT	V M
1			EATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C		NOITUTITE	12a USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS O
₹/4		GLEN BUR	NTE	NOR TE			ΤΤΔΙ		(TYPE OF WORK FOR MOST	JF WORKING L	IFEI INDUSTRY	
90 4		AL RESIDENCE (IF N	JRSING HOME OR		GIVE RESIDENCE SEFORE	ADMISSION)			. CTDEET ADDRESS	. 7:0 000	4-11	) I W
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edico					WAR OR DATEST				8517 Diam	00m B	· Corre	2114
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nt, fi					1.	. /		40.001			BETWEEN	MATE INTERVAL ONSET AND DEATH
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r of	H	underlying cou	se last.	( (c)_	Alhero	seleno	GC Her	W Dries	re, Arrhyla	mas		
۲. ه	_	PART 2 OTHER SI	GNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT				DITION GI	IVEN INPART TO	0
in i	ō	Hyperre	ypertension; Cold Agglul						Heria, Peri	make	ent taceh	~ Ker
) Ou	CAT	19a DATE OF OPER	RATION	196 CONDITION FOR WHICH OPERATION WA			N WAS PERF	ORMED	200 AUTOPSY?		S, WERE FINDIN	
Swo /	TE.								YES NO			NO []
8 54	CER			110110 4		AV VEAD	21c. HOW I	NJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART   OR PART 2)	
E			_	VIII								
± /	) G			21e. PLACE	OF INJURY						COUNTY	STATE
ked	¥	WHILE NOT	WHILE	(AT HOME, ST	REET FACTORY, OFFICE F	ARM, ETC }	STREI	ET .	CITY OR IC	JWN	COUNTY	SIMIE
E				tal) ottended: th	ne deceased from		Oct 6	19 8/	10. 6/1	2/	1984	that (I) (we) lo
.5		sow the dece	osed olive on	5/3	10/	4	nd that in (my	) ( <del>ov</del> r) opinion o	death occurred on the d	ate and ho		
If hem 2			idaid) (did no	t) view the body	atter death.	`	DEGREE				22c. DATE	SIGNED
		A.P	Padi								6/12	184
PORTANT		22d. PHYSICIAN'S	NAME ITYPE O	PRINT)					DIRECTOR PHYSI	IAN []	19/1	
ORT.		HARI	C. RH	HASIN	M)			606	HAMMONDS	LANE	#U6	
MP.			K BHA	SIN. M.I	).		l B	ALTIMORI	MARYLAND	212	25	
-	(	SPECIFY)	N, REMOVAL			NAME OF C	EMETERY OR	CREMATORY	-	,	COUNTY	STATE
_	BU	RIAL		6-16-	.84 W	ILSON	MEM (	HURCH C			A.A. I	larylan
	1 24 EL	INTERNAL DIRECTOR	A 20 20 -	TA CO	BES OALA			775 T A 77	E DECTO DV DEC K TD AD	12Ch DEC IC	TDAD'C CICALAT	LIDE W

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

REESE & SONS MORTUARY, P.A.

Julia Savidas



DR. After this certificate not been signed by the attending physician and campletely filled in by use on the buried interest. Pages 1 and 2 should be take Health and Married Hygians prior to buried, or removal. injury, or other traumatic event,

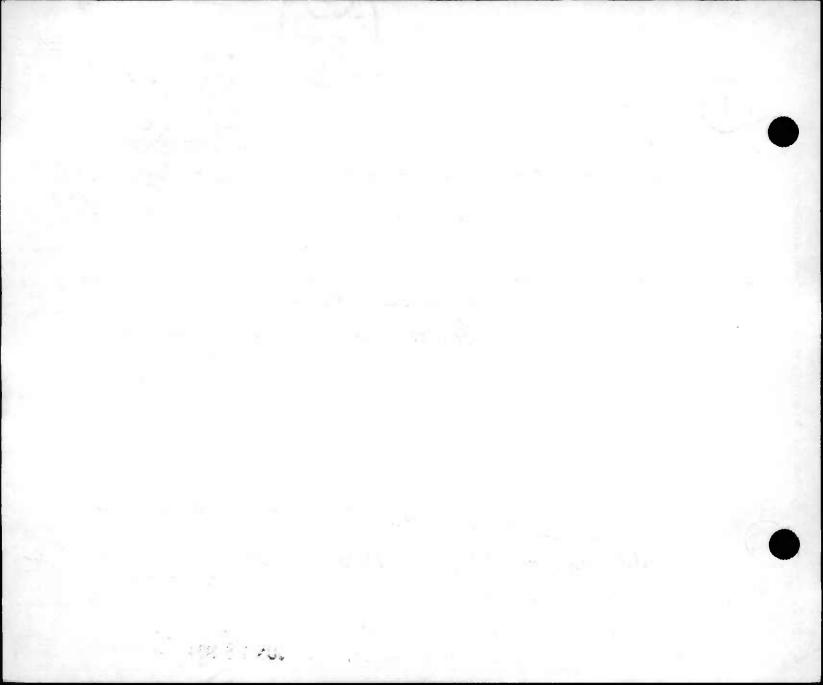
### STATE OF MARYLAND

1.	FOR - STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.								5 0 <b>7</b> 3		
1 DF	CEASED NAME	FIRST	MID	DLE	Į.	AST		20 DATE O			DAY YEAR	2b. HOUR	_
	E OR PRINT)	GEORGE			GRI	FFIN		1	JNE 15	, 198	4	8:45	A
3. SEX			4 RACE	5. DATE OF BIRTH			6 AGE (IN	YEARS LAST BIRT		NE UNDER I YEA		HR5	
/ Male			Caucas	7 26 24				59	YRS	MONTHS CLAY:	HOURS	A IIN.	
7a. BIRTHPLACE (STATE OF FOREIGN			76 CITIZEN OF WI	MARRIED W NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH						
Kentucky			U.S.A	WIDOWED DIVORCED			ANNE ARUNDEL COUNTY ME						
1	LEN BURN		11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOS			5) U						of BUSINESS y Ope: chine	OR
	AL RESIDENCE (IF STATE Md.	M3P LOUI		ve residence before 3c. CITY OR TOWI Catons V	N	13d. INSIDI	E CITY LIMITS?	13e.STREET	ADDRESS /		2122	8	
FATHER'S NAME FIRST Lee			Griffin		15 MOTHER'S MADEN NA. FIRST Mary		WIDDEE			kown	cown		
	WAS DECEASED E			66 SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDRE	SS			
	VES, NO OR UNKNOW!		N 1 1	+07-34-	2093	Eli	zabeth	Grift	fin S	ame a	as #1	3	
	18 CAUSE OF D PART I. DEA	TH WAS CAUSE		Por (a), (b), and	al	R	ret				APPRO BETWEE	DXIMATE INTERVA N ONSET AND DE	ATH
MEDICAL CERTIFICATION	HISO DUE TO, OR SA CONSEQUENCE OF Physicarcle of Infarctions  Conditions, if ony, which (b) Finte Physicarcle of Infarctions												
	gave rise to immediate cause (a), stating the underlying cause last			NCE OF			/						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a												
	19a DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION			N WAS PER	RFORMED	200 AUT	NO [	IN CERTIF	S, WERE FIND YING CAUSI S []	NO [	)
	21a. ACCIDENT WA		CIH .	INJURY MONTH DA	AY YEAR	21c HOW	INJURY OCCUR	RED (ENTERN	ATURE OF INJUI	RY IN ITEM 18 P	PART 1 OR PART 2	,	
	216. INJURY OC	CURRED OF WHILE	21e PLACE OF	INJURY T FACTORY OFFICE F	ARM_ETC )	211 LOCA	ATION REET		CITY OR TO	WN	COUNTY	STAR	E
	AT WORK	AT WORK			6	19	86		6.	15	84		
	22a. Lectify that (I) (this haspital) ottended the deceased from 19 07 to 10 19 19 19 that (I) (we) last saw the deceased alive on 19 07 and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did on) view the body ofter death.												
	22b SIGNATUR				1	DE GREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN			224 DA	6.15 84	
1	224 PHYSICIAN'S NAME (TYPE OR PRINT)					22e ADDI	22e ADDRESS 14 WELLHAM AVENUE #101						
L	CHACKUMKAL V. CYRIAC, M.D.						GLEN BURNIE, MARYLAND 21061						
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEA						EMETERY C	OR CREMATORY	23d LOC	ATION Y OR TOWN		COUNTY	51A1	E
		nation	6-15-	84   Se	curi	ty P	rocess		atons	vill		Md	

DHMH - 16 50M 4/83 (VRA 15, 4)

10 FUNERAL DIRECTOR: should be detached for us with the State Dept. of Her IMPORTANT, If Nem 21 is

24 FUNERAL DIRECTOR MacNabb Funeral Home Catonsville, Md.



### STATE OF MARYLAND

	FOR	DEP#	STATE OF MARYLA	- 63	4	5 0 /	5-1
t	- STATE REGISTRAR		CERTIFICATE OF D	EATH	REG, NO.		EDT
	. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	2e. DATE	OF DEATH MONT		26 HOUR
L	LEONA	RD	GRIFFIN		UNE	17, 1984	813 PM
3	Male	Black	5 DATE OF BIRTH	1897 8	<u> </u>	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
7	O. BIRTHPLACE (STATE OR FOREIGN	The CITIZEN OF WHAT COUNT	MARRIED NEVER N	ARRIED	AORECITY <u>OR</u> CO ANNE ARUN		Y MD.
1	GLEN BURNIE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST NORTH ARUND)	RSING HOME OR OTHER INST TREET ADDRESS) EL HOSPITAL		AL OCCUPATION OF WORK OF WORK		tired
ľ	USUAL RESIDENCE (# NURSING HOME O 130, STATE 13b, COU	ROTHER INSTITUTION GIVE RESIDENCE B NTY CO Seven	FORE ADMISSION) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	TY LIMITS? 13e.STREE	TADDRESS ZID	chie H	my 46
I	A FATHER'S NAME FIRST  Armstead	DODLE Shiffe	is MOTHER'S	MAIDEN NAME FIRST	MIDDLE	LA!	SI
I	(YES NO OR UNKNOWN) (# YES, GI	RMED FORCES? 160 SOCIAL S	SECURITY NO. 17, INFORMA	herine th	ADDRESS	13 Petin	triffer
ľ	PART I. DEATH WAS CAUSI	nly one couse per line lor (a), (b ED BY: TE CAUSE (o)	ectionell.	8-sion	-A+	APPROX BETWEEN	ONSET AND DEATH
	Conditions, il ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	ASCUD			Y	rais
	PART 2. OTHER SIGNIFICANT ASPIRATO	n Aneumor	ribs; Ant Alo	TO THE TERMINAL DISE	A-Deva	P Failer	ectt
	190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Hat block	- Culo was perfo	PACFER YES	NOD IN	IF YES, WERE FINDI CERTIFYING CAUSES YES []	NGS USED S OF DEATH?
		AIR	DAY YEAR 19	JURY OCCURRED (ENTER	NATURE OF INJURY IN 11	EM 18 PART   OR PART 2)	
	VECTOR INSURING CAUSE OF DE CIFE EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM ETC ) 211 LOCATIC STREET	N	CITY OR TOWN	COUNTY	STATE
l	22a 1 certify that (1) (this hosp saw the deceosed alone of above (1) (we) that (did n	outal) attended the deceased from	K h h - /	19 to to	rred on the date of	nd hour and from the	
-	Q (e)	O Sea		TTENDING MEDICA	AL STAFF OR PHYSICIAN	_ 6/	SIGNED /
	DAVID A SC	ORPRINT)	27e ADDRES	7845 UA	KWOOD ROAMARYLAND	AD, SUITE	200
Ī	230 BURTAN CREMATION, REMOVAL		236 NAME OF CEMETERY OR CO		OCATION CAY OR TOWN	le AA.	cond
	Wiffeen S	ons-ann	apalis, md	25a. DATE REC'D. B	1984	EGISMAR SSIGNA	Pholose

DHMH - 16 50M 4/83 (VRA 15, 4)

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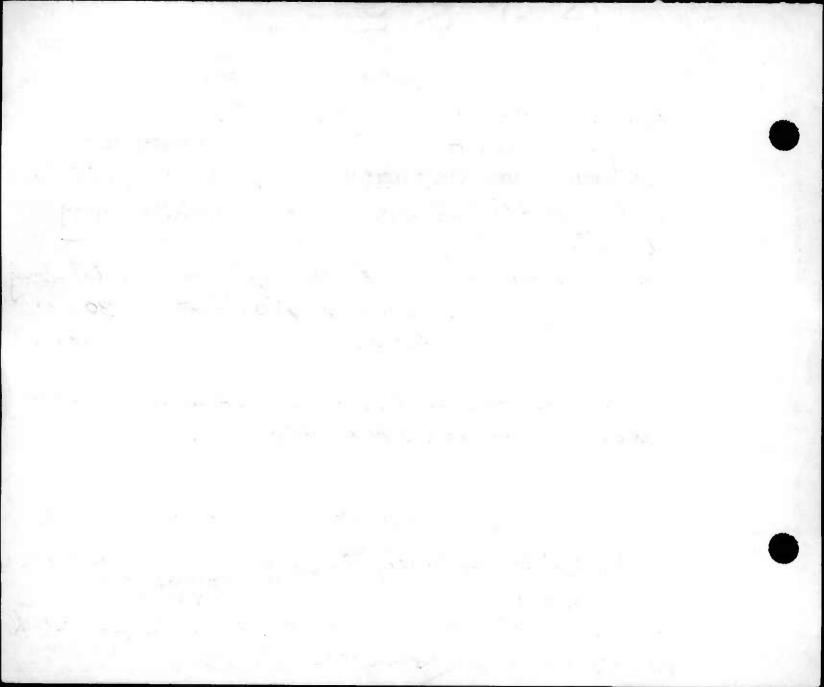
ad in try the funeral director, page 3 d be tiled within 72 haurs ofter death

hours after death. Page 4 may be

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather troumatic event, the medical

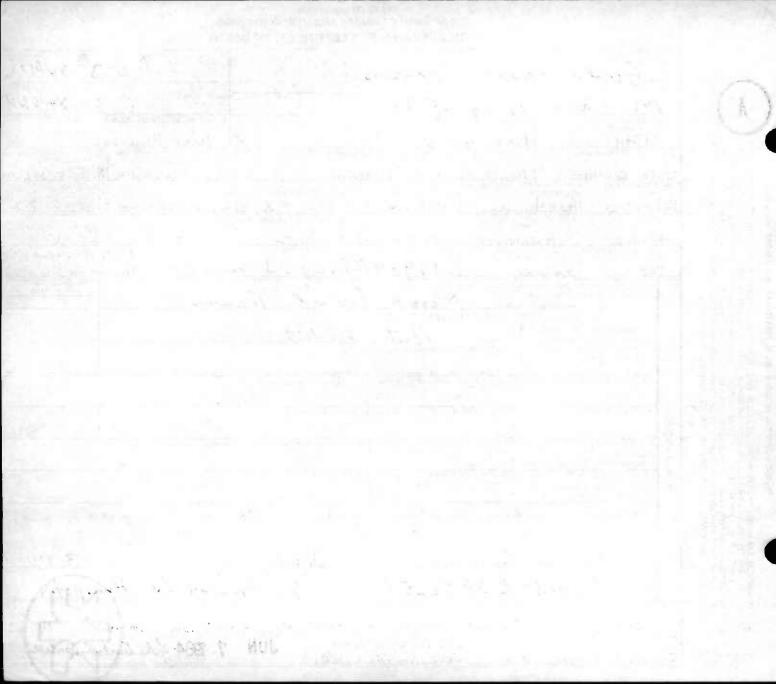
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detoched for use as the buriol-tronsit permit. Then please remove corban popers. Page with the State Dept. of Health and Mental Hygiene prior to buriol, cremotian, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate instance one despital or attending physician.



(VR A15 ME (5)) 20M 4/B2

At	1,	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 5 0 / 5	
	1-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
No. of Series		CEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN & MONTH DAY YEAR 25 HO OF ESTI- DEATH MATED 6 3 19 74 019	OUR
N STREET	1.5E)	14. RACE S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD DEAD 1984 03	OUF
		UNITED STATES    8 MARRIED   NEVER MARRIED	WE
AY IS N THE FL PAGE 5 EFILED.	AC.	IT OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  LEN BURNIE  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  NORTH ARUNDEL HOSPITAL  11. NAME OF HOSPITAL  12. NAME OF HOSPITAL  13. NAME OF HOSPITAL  14. NAME OF HOSPITAL  15. NAME OF HOSPITAL  16. NAME OF HOSPITAL  17. NAME OF HOSPITAL  18. NAME OF HOSPITAL	S
D. 21201 IF ANY DE 2, AND 3 TG SHOULD RECORD	USUA 13a. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136, COUNTY 136, CITY OR TOWN 136, CITY OR TOWN 136, STREET ADDRESS ARYLAND ANNEARINGEL PASADENA YES NO X 8127 WOODHOLME CIR. 2112	2
E, M	A. F	ATHER'S NAME  FIRST  A MIDDLE  LAST  LAST  LAST  LAST	
JRS AFTER DE S. GIVE PAGE WITH FORM I. PAGES I DIVISION	a 1160. V	WAS DECEASED EVER IN U.S. ARMED FORCES? WES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  166 SOCIAL SECURITY NO. 17 INFORMANT  ADDRESS 8129 WOODHOLME	
ST OF ST		APPROXIMATE INTERV.  PART I DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:	
WO WO	>	Canditions, if any, which gave rise to immediate (b) (b)	
TAL RECORDS, 201 W. PREST HOULD BE EXECUTED WITHIN : RD. "PENDING" IN PENCIL IN HIEF MEDICAL EXAMINER AI USED AS A BURIAL - TRANSIT OF HEAITH AND MENTAL HY RIAL, CREMATION, OR REMO		couse (o) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF  (c)	
ECORDS,  D BE EXECT  ENDING"  AS A BUR  EALTH ANI  CREMATII	NO NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101	
DIVISION OF VITAL RECORDS, SCRTIFICATE SHOULD BE EXECRIFICATE SHOULD BE EXECRIFICATE THE WEBLICAL FOR 3 SHOULD BE USED AS A BUILD PRARTMENT OF HEALTH AND CARROLL OF REALTH AND CARROLL OF REMAIN OF	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?  YES □ NO	
ON OF VI	AL GER	216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  P.M. 19	
MAINER: THIS CERTIFICATE SHOUL RIPICATE, WRITING THE WORD," RECORANDED TO THE CHIEF RECTOR: PAGE 3 SHOULD BE USE RECTOR: PAGE 3 SHOULD BE USE RIFITE STATE DEPARTMENT OF H MAND, 2120, PRIOR TO BURIAL	MEDICAL	21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION	ATE
INER: THE ICATE, VENEVALUE STATES TARES TA		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , and in my apinion	
E CERTIFICATION OF WITH WITH WITH WITH WITH WITH WITH WITH	1	death resulted from: Notural causes	
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH	2	EXAMINER'S NAME JAMPS & WHEELER ADDRESS GIO Printox Rd Annepolis	
	23a.B	BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CUITY STATE	
BP	24 F	UNERAL DIRECTOR 501 R. TOUTE HUS. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	
(VR A15 ME (5))	B	ARRANCO FUNERAL HOME SEVERNA PARK, MD. JUN 7 1984 Julia Davidson Bondelle	



	FOR	DEPARTMEN	STATE OF MARYLAND TOF HEALTH AND MENTAL	HYGIENE.	5010
1	STATE REGISTRAR	MEDICAL EXA	MINER'S CERTIFICATE	OF DEATH REG. N	10.
	PECEASED NAME ROBE  ROBE  ROBE	rt Leo	Hägner		Tun. 9, 1984 0614
6	ale White	Feb. 24, 1910	E (IN YEARS IF UNDER 1 YR. IF UND T BIRTHDAY) MONTHS DAYS HOURS		ne 9, 18 OCIA
ing E	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA	RRIED 🔲	OR COUNTY OF DEATH
	aryland Flemmenth	U.S.A.	WIDOWED DIVO	RCED   Anne Art	
6	len Burnie	Worth A	andel Hospitalion	Carpenter (F	Ret.)Construction
113a	atyland 13b. A.	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE  A	Burnie   13d. INSIDE CITY LIMITS:		Jan Ave. 21061 Gowan Ave
14. 1	(ÜNKNOWN)	Hagne	IS MOTHER'S MA	(UNKNOWN	·
1	WAS DECEASED EVER IN U.S. AR YES, NO, OR UNKNOWN) (IF YES, GIVE YES W • W	WAR OR DATES)	,	Wife) ADDRES na L. Hagner	Same as #13
	Conditions, if ony, which gove rise to immediate couse (a) stating the under lying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF	7	rest
NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).	
CAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY?
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR	RED GENTER NATURE OF INJURY IN ITEM I	YES NO SPART I OR PART 2)
MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.)		CITY OR TOWN	COUNTY STATE
		ge of the remains described above, he oral causes D. Accident ,	d an Autopsy , Inspec Suicide , Homicide  TITLE (SPECIFY)	Inquiry , c	DATE SIGNED 6/9/84
1	EXAMINER'S NAME WILLIO	m P. Jones, W.D.	ADDRESS_695 A	merica Crt. Davidson	wille, Md. 21035
	BURIAL, CREMATION, REMOVAL	23 Pane 11, 23c NAME	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

Burial 1984 | Glen Haven Mem

Here to the state of the st

Glen Haven Mem. Prk. Glen Burnie A.A. Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Glen Burnie, Md. JUN 12 1984 Julia Davidson-Rendere

Total Strong of the LOCAL PROPERTY OF THE PARTY The whole Sugar warmy the street The second section of the second second TO THE PARTY OF TH

# OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the should be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 thauld be fined at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

or offending physicion

TO HOSPITAL OR ATTEN

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Hem. 18 shows ony injury, or other traumatic event, the medic

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

REG. NO.

	OR PRINT)	FIRST		MIDDLE		LASI		Zo. DATE OF DEATI	MONTH	DAY YEAR	26 HOUR
		RONAL	D	D.	HAI	LE		JUNE	2,	1984	M
3. SE	Х		4 RACE			OF BIRTH		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	F UNDER 24 MRS
	MALE		CAU	CASIAN	6-	8-38	YEAR	45	YRS	MONTHS DAYS	HOURS MIN.
7a. B	RTHPLACE (STATE	OR FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	570		9 BALTIMORE CIT			
M	ARYLAND		US	SA	MARRIE	D X NEVER N	ORCED	ANNE AF	UNDEL	COUNT	Y
10 €	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INST		120 USUAL OCCUP	ATION	126. KIND C	OF BUSINESS OR
	NNAPOLI			ARUNDEL		ERAL H	OSPITA	L ADJUS	TOR C	T'S EL	EVATOR
13o.	ARYLAND	13b COUN	ARUNDE	GIVE RESIDENCE BEFORE  131. CITY OR TOW  L DAVID		L TETE X	TY LIMITS?	13. SIREEL ADDRE	RING	LAKES	DR.
	ATHER'S NAME	D D II Q E	NIDDLE	LAST			MAIDEN NAA	AE MIDDL		2103	-
_	Α.	BRUCE		HAÏLE		RUT			E.	FIÑ	СН
16a \	VAS DECEASED EN	VER IN U.S. ARA	WAR OR DATES	166 SOCIAL SECU		17 INFORMAL			DRESS		
	NO			217-32-	4989	BARBA	RA A.	HAILE S	AME A	IS 13E	
	18 CAUSE OF DE	ATH (Enter onl	y one couse per	line formil, (b), and	diel	- ,	.1	L 1-	1	BETWEEN	XIMATE INTERVAL
	PARTI. DEATI	H WAS CAUSED	CAUSE (o)	James	with	cophe	schal	Mal-	Elle	oris	
	3357	2_		R AS A CONSEQUE	LICE OF	-					
	Conditions, if	ony, which	(b)	K AS A CONSLOQU	ACT OF						
	gove rise to	immediate	)								
	underlying co		1	R AS A CONSEQUE	NCE OF						
	DART 2 OTHERS	ICHUEICANIT C	(c)	ONITRIBUTING TO 5	F 4 711 B117			NAL DISEASE OR C			-
Z	TARTE OTTERS	NOTHI ICKITI C	ONDITIONS CO	SINIKIBUTING TO L	ZEATH BUT	NOI KELATED	IO THE TERMI	NAL DISEASE OR CO	SNOTIONG	IVEN IN PART 10	0
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED				PMED	700 AUTOPSY?	70h IF Y	ES, WERE FINDIN	NGS LISED		
IFIC									IN CERT	TIFYING CAUSES	OF DEATH?
ERT	71a. ACCIDENT WAS	UNDERLYING	21b. TIME O	FINJURY		Tale HOW IN I	LIRY OCCUPRI	YES NO		YES	NO 🗆
	OR CONTRIBUTING			M. MONTH DA			o occonn	LD (Elater law love Or I	430K1 11411 EM 10	PART OR PART 2)	
MEDICAL	THE ITHER NOTIFY A		P. 21e PLACE		19	211. LOCATIO	N				
WE	WHILE NO	T WHILE	(AT HOME STR	BEET, FACTORY OFFICE, FA	ARM ETC )	STREET		CITY O	RTOWN	COUNTY	STATE
	AT WORK AT	WORK					QIA.	00		cut	
	22a. I certify that	(I) (this hospite	ol) offended th	deceased from 19 8	ned		. 19	10	~~~		that (I) (we) lost
100		eosed olive on_ e) (did) (did not	view the body	after death			our) opinion d	eoth occurred of the	dote and ha	our and from the	couses stoted
	226. SIGNATURE	11.	A.	1	_	DEGREE	TELLON			JZC DATE	GIGNED
	Mul	lean	1	in in	D.		TENDING HYSICIAN	MEDICAL S DIRECTOR PHY	SICIAN [	131	fre 84
	27d PHYSICIAN'S	NAME (TYPE OR	PRINTI /			22e ADDRESS	1		-		
	11/1/11	AM V	. 00	nes, n	n.D	1,94	- 1ti	merica	2 03	7.	21035
23a. E	URIAL, CREMATIC	N, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CI		23d LOCATION			71000
- (	PEBURIAL		6-5-8	4 LAKE	MONT	MEMOR		DAVIDSON	VILLE	ANNE	ARUNDEL
	NERAL DIRECTOR						250 DATE	REC'D. BY REGISTR	AR 256 REGIN	AJAAR YSIGAN	ODE.
	ROBERT	E. EV	ANS AN	NAPOLIS	. MA	RYLAND	00000	6 1094		avidson-Ro	ndelle
					7		PULL	- NUT			



JUN 6 894 william Make

the forest factor that the Deline

DEATH OF THE PROPERTY OF THE P

20M 4/B2

STATE OF MARYLAND

AUN I 2 BBA SELEN

	FOR			250 4 274		OF MARYLAND	B	erg.		5 U	1	
1 -	STATE REGISTRAR			DEPAKIN		EALTH AND MENTAL HY ICATE OF DEATH	GIENE	REG. NO	2		EDT	7
	CEASED NAME	FIRST	, n	AIDDLE	- L	AST	2a DATE O			DAY YEAR	26 HOUR	-
TYPE	E OR PRINT)	TELEN	N	1 1	HARTG	E	JU	NE	14	. 1984	537	Δ
3 SE	X	4	RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRT	-	IF UNDER 1 YEAR	R IF UNDER 24 HI	_
	Female		Whi	te	Jan.	30, 1897	87		YRS	MONTHS BAYS	HOURS MI	N.
	IRTHPLACE ISTATE OR FE	OREIGN 78	CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER MARRIED □		RE CITY O		OF DEATH		_
a .	Maryland		U.S.A		WIDOWE		A	NNE A	RUNDE	L COUN	ΓY	м
10 C	ITY OR TOWN OF DEA	TH 1		OSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL	OCCUPATE			OF BUSINESS	OF
1	GLEN BURN	TE /	NORTH	I ARUNDEL	HOSP	ITAL		ewife		Own		
	AL RESIDENCE (IF NUR I STATE Maryland	No HOUNT		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Baltimor	N	13d INSIDE CITY LIMITS? YES 🖔 NO 🗌	13e.STREET 4908	ADDRESS /	zip cobi on Dr	ive	21229	
14. FA	ATHER'S NAME		DDIE	LAST		15 MOTHER'S MAIDEN NA	AME	MIDDLE			AST	_
	Michael		DUIL	Dee		Catherine	е	MIDDLE			rett	
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		3109RE	₩hite	field	Road	
,	No	1 100,000		220-36-0	841A	Harold R. H	Hartge	Balt	imore	, Md.	21228	_
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF					inith		di D	Pen			_
NOI						NOT RELATED TO THE TERM						
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	n was performed	20a AUTO	NO .	IN CERTI	S, WERE FIND FYING CAUSE ES		
MEDICAL CE	21a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RRED (ENTERNA	ature of Injuf	RY IN ITEM 18 I	PART I OR PART 2)		
MED	216 INJURY OCCURR	ILE 🗌	(AT HOME STR	OF INJURY BET, FACTORY OFFICE F	ARM, ETC )	211 LOCATION STREET		CITY OR TO	141	COUNTY	STATE	
	sow the decease above, (I) (we) (d	d olive on_	6/1	5/ 198	4. or	d that in (my) (our) opinian	deoth occurre	ed on the do	ate and have	or and from the	. that (I) (we) l e causes stated	
	220. SIGNATURE	20	2 8	310	2	DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAF		22c. DAT	ESIGNED	
	228 PHYSICIAN'S NA	ME (TYPE OR F	PR(HT)			22e ADDRESS 32	25 HOSE	ITAL	DRIVE	, SUIT	E 104	_
	RECEP	EROI.	M D			GLEN BUE	RNIE. M	ARYLA	$ND_{-2}$	1061		

DHMH - 16 50M 4/83 (VRA 15, 4)

BOSTANT: # B

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 6/16/84 TA FUNERAL DIRECTOR LETOY M. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

236 DATE

GLEN BURNIE.
23c NAME OF CEMETERY OR CREMATORY 23d Woodlawn Cemetery

IE MARYLAND

236 LOCATION
CITYOR TOWN
Woodlawn

COUNTY

 $M\tilde{d}^{\text{TATE}}$ 

cha Davidson-Randelle



### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE

3

5

1.	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.	
	ECEASED NAME (49)	WIDDLE	IA	51		AY YEAR 26. HOUR
	MA	RIE C	Н	ELM	06-0	
3. SE	FEMALE	LUHIT	E S. DATE OF	-26-05		W UNDER 1 YEAR W UNDER 24 HRS
	CONN.	76 CITIZEN OF WHAT CO USA	OUNTRY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	LIDEL
10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,			120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
A	NNAPOlis	ANNE ARUN	DEL GE	NERAL HOSP	"ATTORNEY" DEPT	UNDUSTRY JUSTIC
0	STATE 136 COUNTY ANNO		ROFTON	YES NO	13e.STREET ADDRESS / ZIP CODE	INE AVE AI
14. F.	ATHER'S NAME FIRST		LAST	15. MOTHER'S MAIDEN NAM	ME	LAST
	TERRENCE		ANAUGH	REBECCA	С.	KENT
	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN)  NO	E WAR ORD ATES	16-1766	ROBERT C.	ADDRESS HELM 182 BERGE	ER ST.
CERTIFICATION	couse (a), stoting the underlying couse lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR	ING TO DEATH BUT N			WERE FINDINGS USED
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJURY OCCURR	YES NO YES	NO NO NTI I OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHITE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTOR)		211. LOCATION STREET	CITY OR IOWN	COUNTY STATE
	22a   certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 27b. SIGNATURE	A	19_84, one		deoth occurred on the date and hour	
	22d PHYSICIAN'S NAME (TYPE OF	Sroke	mo	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/5/84
	RONALD	C. SROK		3 V:1/196	E GREEN , CA	es from , moas
23a	BURIAL, CREMATION, REMOVAL BURIAL BURIAL	236. DATE 6-7-84	ELMWOO!	METERY OR CREMATORY  D CEMETERY	NEW BRUNSWICK	MIDDLEXSEX
24 F	UNERAL DIRECTOR ROBERT E. EVA			25a DATE	E REC'D. BY REGISTRAR 256, REGISTA	AR DISIGNATURE OF A

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Statement Heart Statement

PERRIT OF GENERAL VS

ASTRUGA THE

FRANKLIS AMERICANT LOESEN L. OTHER STATE OF STATE OF STATE OF STATES OF STA

49 (-9) 451

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filled within 72 hours as with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shaws any injury, ar ather troumatic event, the medical

must be foulfied of ordine

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DE	REGISTRAR		DEFARIN		EALTH AND MENTAL HYG	ILNE O	REG. NO.		
	CEASED NAME FIRST	,	WIDDLE	i.	AST	20. DATE OF		DAY YEAR	26 HOUR
(TYP(	E OR PRINT) Margare	at:	L.	1	HOBBS		6	128	OA
SE		4 RACE	44.	5. DATE C		6 AGE (INY	EARS LAST BIRTHDAY)	IF UNDER 1 YE	AR IF UNDER 24 HRS
	Female	Caucas	ian	May	6. DAY 1881 YEAR	10	3 YR	MONTHS. BA	YS HOURS MIN.
. B	IRTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	8			RE CITY OR COU		
	COUNTRY) W York	USA		WIDOWE	D NEVER MARRIED  DIVORCED	Anne	Arundel	County	M
C	TITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	G HOME C	OR OTHER INSTITUTION	12a USUAL C	OCCUPATION FOR MOST OF WORKIN	126. KINI IG LIFE) INDUST	OF BUSINESS OF
3a S	Crofton  AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN  Crofton	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e.STREET A	ADDRESS / ZIP CO	ODE	21114
FA	ATHER'S NAME FIRST  George	WIDDLE	Loefler		15. MOTHER'S MAIDEN NAME FIRST Caroline	ME	MIDDLE	Krei	LAST
	WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	263-16-3		Mrs. Mary L.	Melvi	ADDRESS 1573 Croft	Crofton on, Mar	Parkway
	Conditions, if any, which	(6)	areuro	rios	rever ins	regolie	eny		
	gove rise to immediate cause (a), stating the underlying cause last	163	R AS A CONSEQUE		NOT RELATED TO THE TERM	ALYSICE MINAL DISEASE	OR CONDITION	GIVEN IN PART	110
TOTAL TOTAL	gove rise to immediate cause (a), stating the underlying cause last	T CONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	PSY? 20b. IF	YES, WERE FIN	DINGS USED
CENTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CO	DINTRIBUTING TO D	OPERATIO		200 AUTO	PSY? 20b. 1F IN CEI	YES, WERE FIN RTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN.  19a. DATE OF OPERATION.  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	T CONDITIONS CO	DATRIBUTING TO D TION FOR WHICH F INJURY M. MONTH DA	OPERATIO	IN WAS PERFORMED	200 AUTO	PSY? 20b. 1F IN CEI	YES, WERE FIN RTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO
	gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CO	ONTRIBUTING TO D TION FOR WHICH F INJURY M. MONTH DA M.	OPERATION  YEAR  19	IN WAS PERFORMED	200 AUTO	PSY? 20b. IF IN CE	YES, WERE FIN RTIFYING CAUS YES []	DINGS USED SES OF DEATH? NO
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMP  21d. INJURY OCCURRED  WHILE NOT WHILE	T CONDITIONS CO	DITRIBUTING TO D  THOM FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY  MET, FACTORY, OFFICE, FA	OPERATION  Y YEAR  19  ARM, ETC.)	211 LOCATION STREET  19  10 d that in (my) (our) opinion of DEGREE	200 AUTO YES RED (ENTERNAL , to death accurred	PSY? 206 IF IN CEI	YES, WERE FIN RTIFYING CAUS YES 118 PART TOR PART COUNTY	DINGS USED SES OF DEATH? NO  STATE
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTIFY MEDICAL EXAMP  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMP  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMP  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMP  21d. INJURY OCCURRED	T CONDITIONS CO	DITRIBUTING TO D  THOM FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY  MET, FACTORY, OFFICE, FA	OPERATION  Y YEAR  19  ARM, ETC.)	211 LOCATION STREET  19  DEGREE  ATTENDING	200 AUTO YES  RED (ENTERNA  deoth accurred  MEDICAL DIRECTOR	PSY? 206. IF IN CEI	YES, WERE FIN RTIFYING CAUS YES  IB PART TOR PART COUNTY 19 hour and from 1	DINGS USED SES OF DEATH? NO ::  STATE , that (I) (we) lo the couses stated  XTE SIGNED

etained by the hospital or ottending physicion.

DHMH - 16 50M 4/83 (VRA 15, 4)

Greenlawn Memorial Pk, Bakersfield, Kern, California

24 FUNERAL DIRECTO 16000 Annapolis Road Bowie, Maryland 20715 Beall Funeral Home

REGISTRAR 25% REGISTRAR'S SIGNATURE

1 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	56150	i J. J. J	Pareare
103	, lool	Consusian May	elm eu
Anne Arundel County	I.	USA	arol well
Hone maker Own non:		1573 Crofton Parkway	rofton
1973 Crofton Parkway 21114	X	Arundel Crofton	Maryland Anno
	Carolina	Locilor	Georgo
Melvin Crofton srkway Melvin Crofton, Meryland 21111	Mrs. Mary L.	263-16-3295A	- OVI
	550 55		
	35		
Gross, Crofton, Ed. 21116	3 Villago	SECRETARIAN DE	TONALD C.
n. Lakersfield, Vern, California			ising oi larengi ilesi

# STATE OF MARYLAND

DEPARTN	CERTIFICATE OF DEATH	REG NO.	4 .~				
MIDDLE	CASI	To DATE OF DEATH MONTH	DAY YEAR	26 HOL	JR.		
her Hoxte	r	June 4,	9:00 a				
	5. DATE OF BIRTH	8. AGE (PHYEARS LAST BETHDAY)	FUNDER LYEN	- If compare	24195		
e	June 17, 1924	59 YRS	HONTHE BAYS	HOURS.	AN AN		
WHAT COUNTRY?	1 % -	BALTIMORE CITY OR COUNTY OF DEATH					

4 RACE 1. SEX Female Whit THE BIRTHPLACE INTAIL OF FOREIGN Th CITIZEN OF WHAT COUNTRY Maryland U.S.A. CITY OR TOWN OF DEATH

Catherine Est

MARRIED M NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH PACIFITY, ONE STREET ADDRESSE

Anne Arundel 13s USUAL OCCUPATION 124 KIND OF BUSINESS OR TYPE OF WORK FOR WOLL OF WORKING CITE INDUSTRY Housewife,

Arundel General Hospital Annapolis USUAL RESIDENCE (# NURSING HOME DISOTHER INSTITUTION, GHE RESIDENCE BEFORE ADMINI 13th STATE 13th COUNTY 13th CITY OR TOWN

Q.A.

MIDDLE

Chester

21619 Rt. 1 Box 13 NOT 15 MOTHER'S MAIDEN NAME ANIDDNY

Use STREET ADDRESS

4 FATHER'S NAME

Maryland

No

STATE REGISTRAR DECEASED NAME CTYPE CORPROVE

> LAST 166 SOCIAL SECURITY NO LE YES, GIVE WAR OR DATES.

17. INFORMANT ADDRESS.

Esther Haddaway

John Selby Skinner WAS DECEASED EVER IN U.S. ARMED FORCES? IVES NO DE UNENDWINI

YES X

THE INSIDE CITY LIMITS?

William L. Hoxter, Chester, MD 21619

18. CAUSE OF DEATH lEnter only one cause per line PART L DEATH WAS CAUSED BY

IMMEDIATE CAUSE IN

1457

AFFECKWATE INTERVAL BETWEEN ONSET AND DEATH

gave rise to immediate couse lot stating underlying coase

DUE TO OR AS A CONSEQUENCE OF

1% CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

No.	CIATE	OF OPE	RATION
			UNDERLYING

71h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORS OFFICE FARM, ETC.)

28s. IF YES, WERE FINDINGS USED 28s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO F

OK CONTERUTING CAUSE OF DEATH OF EITHER NOTEY WELLCAL EXAMINER 214 INJURY OCCURRED

21s. PLACE OF INJURY

THE HOW INJURY OCCURRED (ENTER NATURE OF HUDIT IN HEIM IS PART'S DRIPART TO

at work 27x I certify that (I) (the haspital) attended the deceased from saw the decreased

THE LOCATION

	19	to	19	that (I) (we) fast
and that in (my	r) (our) opinion	death occurred on the	date and hour and fro	om the couses stated

COUNTY

(did not) view the body, after death

ATTENDIN PHYSICIAN

10			- 1	
AL OR		PHYSI	CIAN	0
100	200	F A. S. S. S. P. S.	C In it is	Seed.

CITY DETOWN

77c DATE SIGNED

23a BURIAL CREMATION, REMOVAL

STATE

Burial

June 6.

Stevensville Ceme.

Stevensville BY REGISTRARI2SE REGISTRAR'S SIGNATURE

74. FUNERAL DIRECTOR

Tom Helfenbein Funeral Homes, Chester, MD 21619 1118

DHMH - 16 50M 1/81 (VRA 15, 4)

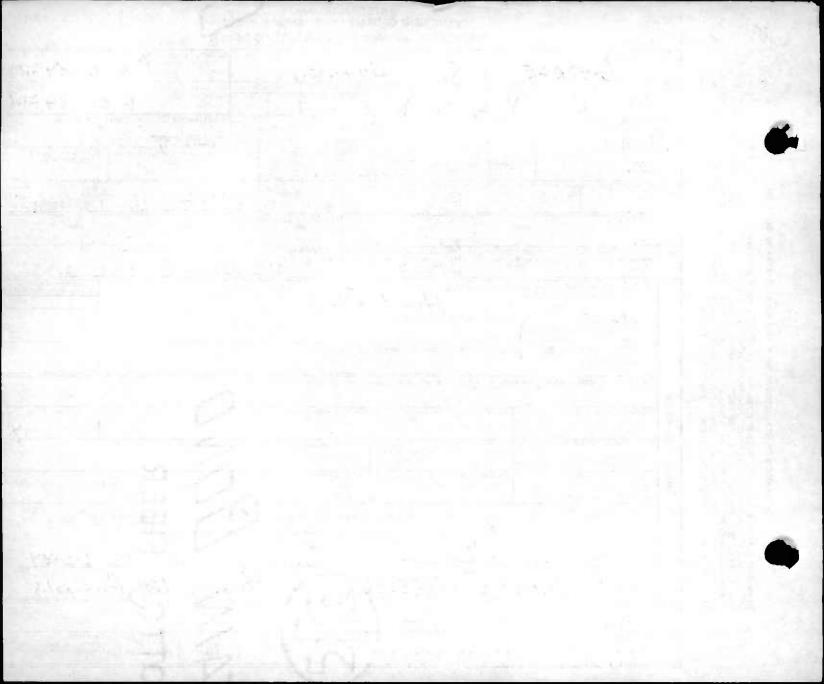
P DOLE THE THE BOOK OF THE PROPERTY OF THE PARTY OF THE P Binard with a series and a series are a series and a seri POTOTS IN THE CAPE IN THE PROPERTY OF THE PARTY OF THE PA Awaren taliful Termina distincti Profits Commencer to House the Commencer of the Profits of the Pro

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20M 4/B2

STATE OF MARYLAND



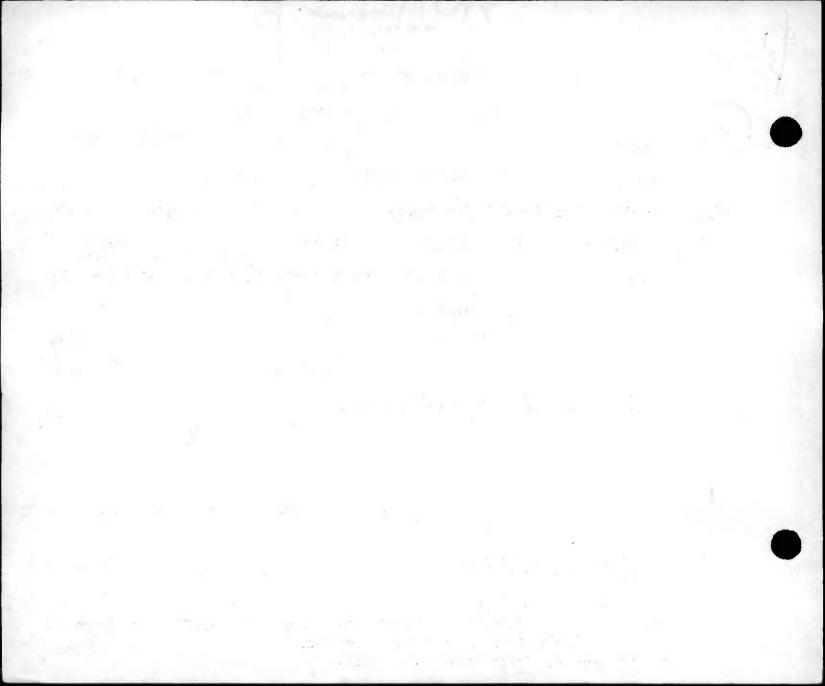
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove corbangopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical even

age 4 may be

	1-	FOR STATE			DEPA	RTMENT OF H	E OF MARY LEALTH AND LICATE OF	MENTAL HYGI	ENE 3 4		<b>3</b> 0	BDT EDT
		REGISTRAR				-		DEATH	REG. NO			
		CEASED NAME OR PRINT)	JOSEP		ALBERT	JOHNS	SON .		JUNE	24,	1984	1215 PM
	3. SE)	(		4. RACE		5. DATE (			6 AGE (IN YEARS LAST BIRTI	HDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS.
		Male		White	۵		22, 1	.939	45	YRS.	UNIHS DATS	HOOKS MIN.
-		RTHPLACE (STATE OR I	OREIGN	76. CITIZEN OF		RY? 8		MARRIED -	9 BALTIMORE CITY OF			
0		aryland		USA		WIDOWI	_	ONORCED [	ANNE A	RUNDEI	COUNT	Y MD.
4	10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVES TREET ADDRESS)  NORTH ARUNDEL HOSPITAL					STITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF  Painter			F BUSINESS OR		
-	USU/	AL RESIDENCE (IF NURS	ING HOME OF		GIVE RESIDENCE BI		1 124 INICIDE	CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE		
C				Arunde 1		_	YES [	NO V	602 Cedar	Drive	e 2	1061
		THER'S NAME		WIDDLE	LAST		15. MOTHER	S MAIDEN NAM			LAST	
-0		James		A	Johns	on	G1a	idvs	MIDDLE	J	ohnson	
		VAS DECEASED EVER		MED FORCES?		ECURITY NO.	17 INFORM	Glen	Burnie ADDRES	S MD	210	61
	,,,	No		e man on onegy	219-34	-1526	Mrs Ca	therine	L. Johnson	602	Cedar	Drive
		PART I. DEATH W  Conditions, if ony, gove rise to imm cause (a), stating underlying cause	AS CAUSE IMMEDIAT which nediate ig the	D BY: TE CAUSE (o)  DUE TO, O	As a donse hule	myou	arch Ly D	Lock 12fg	ution		Ver Yea	MATE INTERVAL INSET AND DEATH MAY
	NOI	PART 2. OTHER SIGN	MULY O	WALL S	NTRIBUTING	TO DEATH BUT	NOT RELATE	D TO THE TERMI	nal disease or cond	ITION GIVE	N IN PART 110	)
2	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERF	ORMED	YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH? NO
7		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	CITA .	M. MONTH	DAY YEAR	21c HOW	INJURY OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18 PA	RT 1 OR PART 2)	
	MEDICAL	21d INJURY OCCUR		21s. PLACE			211 LOCAT		CITY OR TON	/N	COUNTY	STATE
	*	WHILE NOT WE	HILE RK	(AT HOME, STR	EET, FACTORY, OFF	ICE, FARM EIC			1 -	24.	6-1	
		22s.1 certify that (I)	(this hospi	tol) attended the	e deceased Iro	om e	-63	. 19	, to	- X	900,1	that (I) (we) lost
		sow the deceose obove the (we) (c	ed olive on	t) new the body	alter death	9	nd that in (m	y) (our) opinion d	leoth accurred on the do	te and hour	and from the	couses stated
		274. SIGNATURE	an o	4/DW	My	2	DEGREE	- 4	MEDICAL STAF	AN 🗌	G -	26-fx
		234 HACKLAN'S NA	AVE ITTE	aTent)	0		72e ADDRE	04	5 HOSPITAL			
			LARY	A 8 10 11 11 11 11 11 11 11 11 11 11 11 11	RLIHY				RNIE, MARYLA	ND 21	061	
-		Cremation,	REMOVAL	6-25-	bend, I.A.	Westvie			Catons vil	le Ra	aTtimor	e MD
		JNERAL DIRECTOR	Orir						REC'D. BY REGISTRAR	SK DECISTO	AD'S SICNIATI	LIDE
		28 Liberty					21133		2 5 1084	Can Tine	idson-Ra	ndell
- 1	LO/	ZO LIBERT	Nu.	Nanual	1 3 COMIL	, 110	CIIOO		2 2 MOA 1	12 7 40 104		•

DHMH - 16 50M 4/B3 (VRA 15, 4)



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ar affending physicion.

etained by the haspital

BP.

injury, ar other troumatic event, the medical exami

MPORTANT: If them 21 is marked or frem 18 shows any

must be notified of once

death. Page 4 may be

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.													EDT			
	CEASED NAME OR PRINT)	HELEN		WIDDLE	KE	ENE	R		1	_	OF DEATH			1984	2b не 84!			
3. SE	C		4 RACE		5.	DATE	OF BIRTH		100	AGE	IN YEARS LAST	BIRTHDAY)		FUNDER I YEA		DER 24 HRS		
F	emale		Whit	е		2	12	1909	PAR	75	5		YRS.	JINTHS DATS	HOUR	S MIN.		
7a. BI	RTHPLACE (STATE	OR FOREIGN	7b. CITIZEN OF	WHAT COL	JNTRY? 8.	AA A DDIE	D NEV		9		MORE CITY	OR CO	UNTY		0.7			
V	irginia		U.S	. A .		/IDOWE		DIVORC			ANNE	ARUN	DEL	COUNT	Y	MD.		
GLEN BURNIE (NORTH A					NURSING H			INSTITUTI		TYPE OF W	ORK FOR MO	ST OF WOR	king (ift)	12b. KIND INDUSTR' Che	4	Co.		
13a. S	AL RESIDENCE (# N STATE Md .	13b COUN	TY	13c CITY C				NO			T ADDRES	S / ZIP	CODE R	d. 2	112	2		
	THER'S NAME		MIDDLE		AST			FIRST	DENNAME	E	MIDDLE				AST			
T	homas		J.	Wood			He	len			T.		Co	nCan	non			
	VAS DECEASED EV		MED FORCES?	16b. SOCIA	AL SECURIT	Y NO.	17 INFO	THAMS			ADI	RESS						
- (	NO OR UNKNOWN)	(11 125, 614	E WAR OK DATES!	216-	-05-0	1094	Ger	ald:	ine V	Vill	LS (S	ame	as	13e	)			
	18 CAUSE OF DE PART I. DEATH	WAS CAUSE	D BY: E CAUSE (0)	Colo	, (b), and (c)	m	ist	1	and	A	,			BETWEE	XIMATE IN NONSET A	ITERVAL IND DEATH		
	Conditions, if a gove rise to couse (a), sta	immediate oring the use lost.	(b) DUE TO, O	Cau R AS A COM	NSEOUENC	a CE OF	nfe	Lunis										
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P																	
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR	WHICH OP	ERATIO	N WAS PE	RFORMED	)	200 AL	TOPSY?	IN		WERE FINDINGS USED ING CAUSES OF DEATH?				
	21a. ACCIDENT WAS OR CONTRIBUTING [	CAUSE OF DEA	TH HOUR A.		TH DAY	YEAR	21c HOV	V INJURY	OCCURRE	D (ENTER	NATURE OF II	NJURY IN IT	EM 18 PAR	RT ( OR PART 2)				
MEDICAL	21d INJURY OCC	WHILE WORK	21e PLACE (AT HOME, ST		OFFICE FARM	i, ETC )	211 LOC	ATION TREET			CITY OF	TOWN		COUNTY		STATE		
	22a I certify that saw the dece above, (I) (we	ased alive on			19	, 01	nd that in (	my) (our)		to oth occu	rred on the	dote or	nd hour	9 and Ir <b>om th</b>		(we) last stated		
	22b. SIGNATUR6	Ze!	Cl			40	DEGREE	ATTEN PHYSI	DING CIAN [V	MEDIC/ DIRECTO	OR PHY			22c DA1	orn.	D		
	22d PHYSICIAN'S FRED	T. KAF					22e ADD	GLEN	BURN	JE,	MARY!			of 1	E.			
	uriat, crematio	n, removal	23b. DATE 6/18,		New		emetery o				CATION CITY OF TOWN			COUNTY		Mď.		
	orge J.		to., M	d. 21 400°	1225 Laria	chi	ie Hv		JUN		Y REGISTR	AR 25 PR	ke S	AR'S SIGNA	June	We.		

DHMH - 16 50M 4/83 (VRA 15, 4)

Av. bit went all Partition of a nematic conve  TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

page 3

and campletely

medica

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval.

MPORTANT: If Hem 21 is marked or Item 78 s on any injury, ar other traumatic event, the

## CTATE OF MARYLAND

			STATE OF IT	TARTLAND	83 64	a a	3 1	3	0
	FOR	DEPART	MENT OF HEALTH	AND MENTAL HYC	GIENE O	9	9		
1 -	STATE REGISTRAR		CERTIFICAT	E OF DEATH		_		EID!	Le
1.05	CEASED NAME FIRST	MIDDLE	LAST		REG. NO		YEAR	ar HOUR	in 1
	00.00-1							2b. HOUR	
	JENNIF	ER LYNN	KELLY		JUNE	21,	1984	419	PM
3. SE	× _	L RACE	5. DATE OF BIRT	Н	& AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 2	4 T T T T
	L	(1)	MONTH	DAY YEAR	20		VIHS DAYS	HOURS	MIN.
7 0	7		10	20-62	9 BALTIMORE CITY O	YRS.	EDEATH		
	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY	MARRIED .	NEVER MARRIED	BALTIMORE CITT O	K COONTTO	PDEATH		
	Mun.	USH	WIDOWED	DIVORCED [	ANNE AF	RUNDEL	COUNTY		MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTH	IER INSTITUTION	120 USUAL OCCUPATI		12b. KIND OF	BUSINES	SOR
1	GLEN BURNLE	NOR THE ARTINDE	HOSPITAL		(TYPE OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	000	00
TISH	AL RESIDENCE (IF NURSING HOME OR C	THER INSTITUTION GIVE RESIDENCE REFO	PE ADMISSIONS		Julian	nu			
	13h COUNT			SIDE CITY LIMITS?	13e STREET ADDRESS 7	ZIP CODE	0	60	7
	max 15	H Jevern	R VIC YES	□ NO (30)	269	Acur	dee	1ac	-
14. FA	ATHER'S NAME	1	15. M	OTHER'S MAIDEN NA	1			11/11	
V	Hearce	NODLE ICOSO		Matt	MIDDLE	n	1080		11
14n \	VAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL SEC	IRITY NO. 17 IN	FORMANT	ADDRE	SS			
		WAR OR DATES)	01/10	4	1000	00	-		
	1/6	- 21/80	046	Slarge	- Kelkey -	ale	we	1	
	18 CAUSE OF DEATH (Enter only	y ane couse per line far (a), (b), a	nd (c) i	0			APPROXIA BETWEEN O	AATE INTERV	AL EATH
	PART I. DEATH WAS CAUSED		Bulmino	an, an	1891		Man	1-11	-10
	IMMEDIATE		1.7 4 1 7 7 1 1 7 5	***			20.77	· VIII	-
		DUE TO, OR AS A CONSEOL	JENCE OF	1.			man	1)	1.
	Canditions, if any, which gave rise to immediate	(b) (1V.)	U/mon	( li			1100	P3"	41012
	cause (a), stating the	DUE TO, OR AS A CONSEOL	JENCE OF		1	1000			
	underlying cause last	1 Spo/1054	1 101/1	Members	hypertens	SITTING	1/6	OKS	
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT B	RELATED TO THE TERA	AIN AL DISEASE OR CON	DITION GIVEN	LIN PART Lin		
Z									
Ĕ	190 DATE OF OPERATION	196 CONDITION FOR WHICE	LI ODED ATIONI W/A	DEBLODATED	20g AUTOPSY?	TOOL IE VES Y	VERE FINDIN	CC LICED	
rg	148 DATE OF OPERATION	141 CONDITION FOR WHICH	OFERATION WA.	SPERFORMED	200 AUTOF 31		NG CAUSES		12
CERTIFICATION					YES NO	YES		NO 🗌	
8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH D		HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)		
¥	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19						
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		OCATION					
WEI	WHILE MOT WHILE M	(AT HOME, STREET, FACTORY, OFFICE,		STREET	CITY OR TO	WN	COUNTY	STA	4TE
	AT WORK								
	220   certify that (1) (this haspite	al) attended the deceased from.	JOUNG	19 1	9, 10 UUN	19	3) /	hat (I) (wi	e) last
	saw the deceased alive an a		and that	in (my) (aur) apinion	death accurred on the de	ate and hour a	nd from the c	auses stat	ed
	22b. SIGNATURE	view the bady after death	DEGRE	E			22c. DATE S	IGNED	1
1	ha G	) Longs	Ma a	ATTENDING	MEDICAL STAL		1/1/4	10	4
1	01/9 C	1140100	/11)	PHYSICIAN [	DIRECTOR   PHYSIC	JAN []	1911	1/0	
	224. PHYSICIAN'S NAME (TYPE OR	PRINT)	22e .	ADDRESS 784	45 OAKWOOD P	ROAD, SI	UITE 2	00	

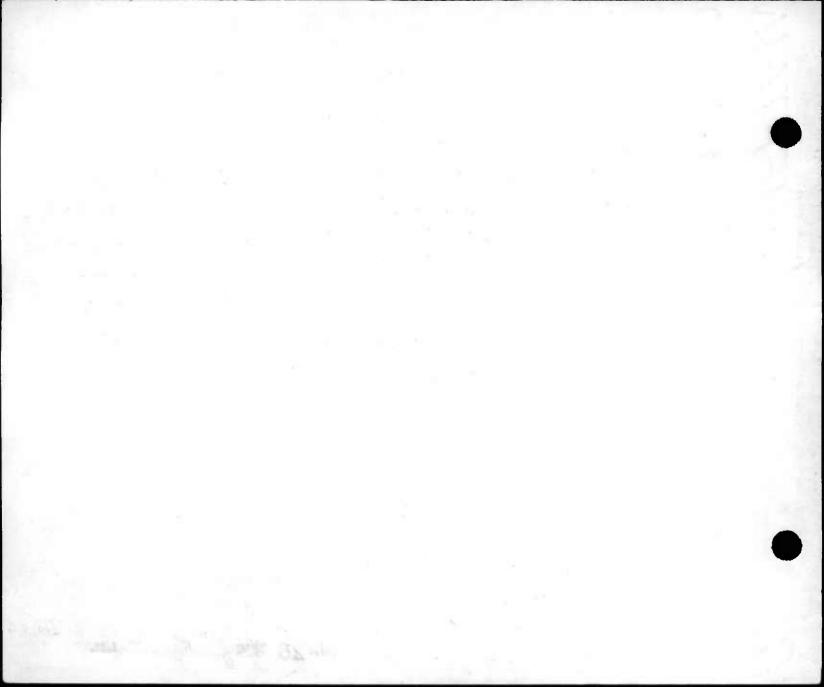
BP.

etained by the haspital ar attending physician.

DHMH - 16 50M 4/B3 (VRA 15, 4)

230 BURIAL CREMATION

23b. DATE



# FOR STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.	м				98			
	20. DATE OF DEATH MONTH	DA	1	YEAR	26 HOL	IR			
	June	9	-1	984	93	A M			
	6 AGE (IN YEARS LAST BIRTHDAY)		_		F UNDER	24 HRS			
		MO	NTH5	DAYS	HOURS	MIN.			
	45 YRS.	1							
П	9 BALTIMORE CITY OR COUNTY OF DEATH								
	ANNE ARUNDEI		CC	UNT	Y	_ MD.			
	120 USUAL OCCUPATION				F BUSINI	ESS OR			
	(TYPE OF WORK FOR MOST OF WORKING L	IFE)	IND	USTRY	T .N				
	ELECTRICIAN		TE	BEW	LOC	AT.			

5

	REGISTRAR						REG. NO	).			
	CEASED NAME	FIRST		WIDDIE	1	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	R
(TYPI	E OR PRINT)	Walte	5	Chadwi	ck	Kemon Jr.	Ju-	re 9	198	4 9 35	AM
3. SE	X		4. RACE		5 DATE O		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR		24 HRS
	Male		WHITE		MAY	26 1939	45	YRS.		1	min.
7a. B	IRTHPLACE (STAT	E OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8.	D XNEVER MARRIED '	9 BALTIMORE CITY O	R COUNTY C	OF DE ATH	1	
	SHINGTO	ON. D.	c. u.	S.A.	WIDOW	4	ANNE ARU	UNDEL	COUN	TY	MD.
10 C	ITY OR TOWN OF	DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATE			OF BUSINES	SSOR
ANNAPOLIS  (IF NOT IN SUCH FACILITY, GIVE STRE  A.A. GENERAI					PITAL	ELECTRICI		I BEW		AL	
USU 13n	AL RESIDENCE (#	NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	7IP CODE	n	1.0	-
	RYLAND	A .		EDGEWA'		YES NO KIX		Y DR.	41	03	/
₹4. F	ATHER'S NAME					15. MOTHER'S MAIDEN NA					
1 h	IALTER		C.	KEMON		VIRGINIA	MARIE		BOW	LIN	
	WAS DECEASED E			166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS			
(	YES, NO OR UNKNOWN		0-1962	219-36	-790	JEAN M. K	EMON 1391	NANCY	DR.		
	18 CAUSE OF D	EATH (Enter or	nly one couse per	r lipe for (o), (b), on	d (c).1				BETWEEN	X MATE INTERV	VAL
	PART I. DEAT	H WAS CAUSE	D BY: TE CAUSE (0)	MORO.	a	rest					
	34x	MMEDIA		0		0 0 1	,				
	Conditions, if	one which	DUE 10, C	R AS A CONSEON	NCE OF	Do Scher	Osia				
	gove rise to	immediate	(b)_	1000	11						
	couse (o), s underlying co		DUE TO, C	R AS A CONSEQUE	ENCE OF				-		
	DARK O CYLIED	CIGNIEICANIX	(c)	ON IT DID IT IN IC TO I	DE AZUL BUIX	NOT RELATED TO THE TERM	This present on con-	DETICAL CIVE	I IN I DADY I		
z	PART 2. OTHER	SIGNIFICANI	CONDITIONS C	ON I KIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVE	N IN PART I	10	
CERTIFICATION	19n DATE OF OP	FRATION	19h COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	1206. IF YES.	WERE FIND	INGS USED	)
PIC.	THE BALL OF G							IN CERTIFY			
<b>∤ ह</b> ,	21a, ACCIDENT WA	STINDERLYING E	7 216 TIME C	OF INTITION		21¢ HOW INJURY OCCUR	YES NO	YES		NO [	)
	OR CONTRIBUTING	and the same of th		M. MONTH D	AY YEAR	THE HOW HASOKI OCCOR	KED TENTER MATURE OF INJUI	TIN HEM IS FAN	T T OK PART 2)		
5		MEDICAL EXAMINE		.M.	19						
MEDICAL	21d INJURY OC			OF INJURY REET, FACTORY, OFFICE F	ARM. ETC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	51	TATE
1	AT WORK	of white			1-	/V <	1/	9	54		
	220 I certify the	t (1) (this hospi	itali otjended p	e deceased from	41	19 0	T., to	19	01	, that (1) (w	e) lost
	sow to de	posed sive or	A view theybody	192	4.0	nd that in (my) (or) opinion	death occurred on the de	ote and hour	ond from the	e couses sto	ted
	22b. SIGNALURE	0,1	000	Milit Medill		DEGREE	Con	Sup Jan	22c. EIAT	SIGNED	-
	1191	11/1/	alle	7	In	ATTENDING PHYSICIAN I	MEDICAL STAI		10 F	3/80	1
1	22d, Physician	S NAME (TYPE	OR PRINT)	/		PHYSICIAN [	DIRECTOR PHYSIC	JAIN	10/	1	1
		3125	1.1	N	-	Dn 3 (2	iddlines	a.	10	1.	

23b. DATE 230. BURIAL, CREMATION, REMOVAL 6/13/84

23c NAME OF CEMETERY OR CREMATORY LAKEMONT MEM.

23d LOCATION CITY OR TOWN

Muaph MD

BURIAL BP. 24 FUNERAL DIRECTOR

injury, or other troumotic

should be detoched for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or After this certificate has been

OR ATTENDING PHYSICIAN: The low

retained by the hospital or offending physicia

MPORTANT: If Item 21 is marked or Item 18 shows any

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

HARDESTY FUNERAL HOME ANNAPOLIS, MD GARDEN 250 DATE REC'D. JUN 12

U DAVIDSONVILLE A.A.
BY REGISTRARIS MEGISTRARIS SIGNALIRE

1984

Taller to the second of the se JUN 1 2 1964 BLENGER SET

1 - FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE O 4	15000
1. DECEASED NAME	ward Bartett	KENT, Sr.		ONTH DAY YEAR 26 HOUR
3. SEX Male	white	5. DATE OF BIRTH MONTH DAY YEAR 0.5 95	6, AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN.
TO BIRTHPLACE (STATE OF	nd USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		ounty MD.
annepolis	(IF NOT IN SUCH FACILITY, GIVE STREET A	ORL GENT HOSP.	120. USUAL OCCUPATION RYPE OF WORK FOR MOST OF W	ORKING UFE) INDUSTRY
N D 130. STATE	RSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 136 COUNTY	136 INSIDE CITY LIMITS?	13. STREET ADDRESS / Z	IP CODE 21403
	dge Kent	15. MOTHER'S MAIDEN NA	Ann	Chance
160 WAS DECEASED EVE	R INU.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)	EVELVET.	Kent-	#13
this can be seen the	TH (Enter only one couse per line for (a), (b), ond WAS CAUSED BY:  IMMEDIATE CAUSE (a) PREUM (	mia		APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH  3 days
to open of the conditions, if on gove rise to in		stive heart f	ailure	years
to de	ing the DUE TO, OR AS A CONSEQUE	NCE OF		
	cture right hip	EATH BUT NOT RELATED TO THE TER/		
Core has been sign on the low required to the low requirement of the low requirement. The low requirement of the low requirement of the low requirement of the low requirement. The low requirement of the low	sy Fracture rig	ht hip	YES NO X	206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO NO NO
TIO VECTOR THE STATE OF THE STA	CAUSE OF DEATH HOUR A.M. MONTH DA DICAL EXAMINER) 7.45 (P.M) 5 .3		of wheelcha	ir & fell
AT WORK AT W	MHILE A LATHOME, STREET, FACTORY, OFFICE, FA		an Dr. Aunap	0.0
7 - ~ 5 - 0	1) (this hospital) attended the deceased from seed of the deceased from 19 (did) (did not) view the body after death.	, and that in (my) (aur) apinian	death accurred on the date	and hour and from the causes stated  22c. DATE SJGNED
6 5 5 5 5	Seaut, m	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	- 1/4/8-4
Stephood Steph	1cn E. Faust, MD	104 Forb		apolis, Md 21401
BP	June 5,1984	Anne's	Annagel	13 AAA MD
DHMH - 16 50M 4/83	ineral Chapel-A	innapolis MU"J	TE REC'D. BY REGIS RAR 25	Time Daix (1997)



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# TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completery tilled in by the should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. death certificate be executed within 24

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

- 1	1 -	FOR STATE		DEPARTA	MENT OF HEA		MENTAL HYGI	IENE Ö 🐴 🚦	3 0	0 7
		REGISTRAR			CERTIFIC	AIL OI D	LAIII	REG. NO.		
- 1		CEASED NAME FIRST	MIDDLE		LAST	0		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	( I YPE	ORPRINT) WILLI	AM A	=.	KI	STA	IER	6/	8 84	11:53AM
	3 SE	×	4 RACE		5. DATE OF	BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER FYEAR	IF UNDER 24 HRS
)		Male	4/	nite	MONTH	ID DAY	YEAR	7/ YRS	MONTHS! DAYS	HOURS MIN,
2	7n BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT		8	70	_/	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
99		COUNTRY	USA		MARRIED WIDOWED	NEVER N	ARRIED	A.A.Co.		MD.
9-	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSIN				12a USUAL OCCUPATION	12b. KIND C	OF BUSINESS OR
54	CI	en Burnie	N. Arunde	el Hosp	oital			truck driver	INDUSTRY	Oil Co.
2		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE R	ESIDENCE BEFORE	ADMISSION)					011 401
25	13a. S	M D 136 COUI		os a de		d. INSIDE CI	TY LIMITS?	7607 Water Oak		21122
¥~	14 57	ATHER'S NAME	. Co - F	asaace	7 7 9 -		MAIDEN NAM		Towner.	21122
2 X	_	FIRST	MIDDLE	Kistne:		Albe	FIRST	MIDDLE .	Brid	ickas
0		VAS DECEASED EVER IN U.S. AF		SOCIAL SECU		INFORMA		76335 Marl		
· g		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			Torre	70 114.7		-	
E	_	no	61	6 0/3	3343	Joyce	E. Wil	dner Glen Burn		21061
event, the medica		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one cause per line ED BY: TE CAUSE (o)	Fow Lo	Mul	Yanal	ral	Sharetion	BETWEEN	MWIE
other troumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A	YTHO	my 10	vley	Dis	lare	176	gin_
lury, o	Z	PART 2 OTHER SIGNIFICANT	conditions <u>contr</u>	IBUTING TO [	DEATH BUT NO	OT RELATED	TO THE TERM	INAL DISEASE OR CONDITION G	VEN IN PART 1	o
ows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH	OPERATION '	WAS PERFO	RMED	IN CERT	S, WERE FINDII FYING CAUSES ES []	
or Item 18 sh		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJ	URY MONTH DA		It. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?)	·
Ē/	ΔĀ	(IF EITHER, NOTIFY MEDICAL EXAMINE			19					
ò	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF IN			If LOCATIO	N	CITY OR TOWN	COUNTY	STATE
rked	2	AT WORK NOT WHILE AT WORK					101	1:10	Ch	
ě .		220 I certify that (I) (this hosp	ital) attended the dec	eased from_	6.4		, 19 0	_, to	19	that (I) (we) last
2 1 15		saw the deceased alive or	71/2	19_6	, ond	that in (my)	(our) opinion o	death accurred on the date and ha	ui and Irom the	couses stated
MPORTANT: If Item		obove, (f) (we) (did) (did no	DOW)	h	DE	GREE A	TTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE	SIGNED & X
Z		224 PHYSICIAN'S NAME (THE	CH PRINT)	11	1	2e ADDRES		J		/
APORT		Hilary T. O	Herling.	MD		325	Hospi	tal Drive Gla	en Bur	nie MD
< 1	23o. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c 1	NAME OF CEA	ETERY OR C	REMATORY	23d. LOCATION		
		burial	6/21/8/1	C	edar H	111 Ca	motor	Brooklyn	A.A.	Md.

DHMH - 16 50M 4/83

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

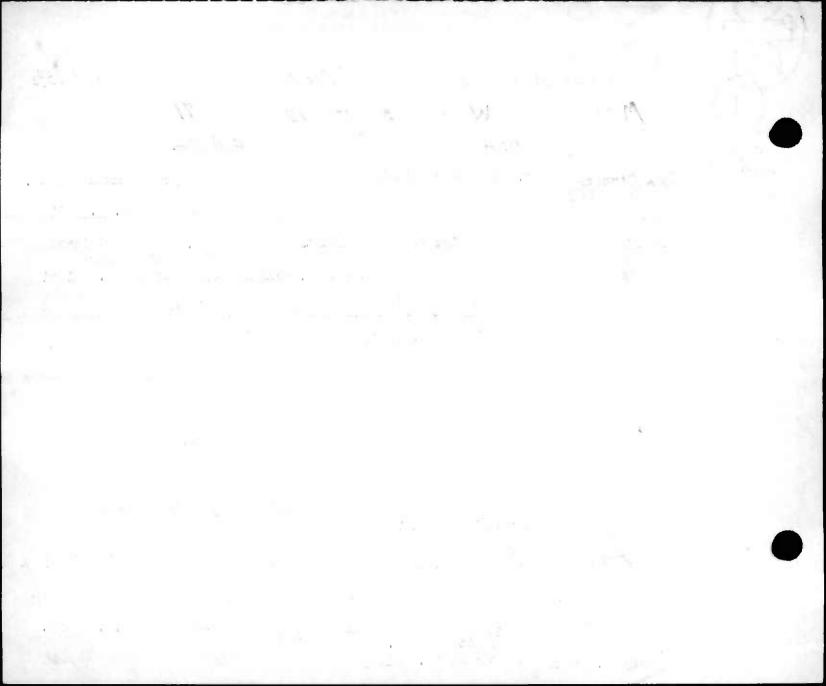
etained by the haspital or attending physician.

(VRA 15, 4) George J. Gonce

4001 Ritchie Hwy. Baltimore Md. 21 24 FUNERAL DIRECTOR NAME

21225

JUN 20 1984 Julia Davidson Andre



1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 4 1 5 0 9 0
	ECEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
110	GLADYS	M.	KOERPER	JUNE 13, 1984 6:15P
3. SI	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
F	EMALE	CAUCASIAN	JUNE 11, 1500	84 YRS MONTHS DATE HOURS MIN.
7a. E	STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNTY OF DEATH
M	ICHIGAN	USA	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	ANNE ARUNDEL COUNTY
8	ITY OR TOWN OF DEATH ROWNSVILLE	11. NAME OF HOSPITAL, NURSIN FATRFIELD ARU	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126, KIND OF BUSINESS OF
) M	JAL RESIDENCE LIF NURSING HOME OF ARYLAND ANNEU  ATHER'S NAME  WILLTAM	OTHER INSTITUTION GIVE RESIDENCE BEFORE ARUNDE LIGHT ANNICATION MIDDLE WHEELER LAST	DLIS 136 INSIDE CITY LIMITS? YES NO 1  15. MOTHER'S MAIDEN NA MAR YST	MOTORS 14.600 APPASTLINE DR. ANNAPOL ME MARYLAND 21401  MIDDLE INGLEY  MATTER LAST
	NO  18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse per line la la la ani	REOF S	A. HAIG SAME AS 13 E
MEDICAL CERTIFICATION	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA	OPERATION WAS PERFORMED  21c. HOW INJURY OCCURI 19 21f LOCATION	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
1 >	WHILE NOT WHILE	THE STREET PROTOKY, OFFICE, PA	2101	

234 NAME OF CEMETERY OR CREMATORY

5-84 HILLCREST CEMETERY ANNAPOLIS A A

ANNAPOLIS, MARYLAND 30 DATE RECORDED TO THE PROPERTY OF THE PROPERTY

MARYLAND

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

E.

BURTAL 24 FUNERAL DIRECTOR

ROBERT

13h DATE

EVANS

6-15-84

DHMH - 16 50M 1/81 (VRA 15, 4)

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ond completely filled in by the function on 2 should be filed within 77

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or ottending physicion

	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4	5091				
		CEASED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26. HOUR				
	(111)	IDA		KORZYBSKI	JUNE 30	.1984 M				
	3 SE	x	4 RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS				
	FE	MALE	WHITE	AUG. 28, 1908	7.5 YRS.					
2	(	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH				
6//	-	LAND	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL	COUNTY MD				
54		EN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET	11-11-11-11-11-11-11-11-11-11-11-11-11-						
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 13C. CITY OR TOW BALT IMO	/N 113d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 4201 DORIS AVE	ENUE 21225				
200	14. FA	ATHER'S NAME MICHAEL	BROFKA	15. MOTHER'S MAIDEN N TEFILIA	MIDDLE	PAPUE				
Jan 1	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	ADDRESS	21122				
2		YES NO OR UNKNOWN) (IF YES, G	217-22-	-8994 THERESA M	IATANOSKI 228 DA	ALE RD.				
event, th		PART I. DEATH WAS CAUS	only one couse per line for (a), Ab), and ED BY: ATE CAUSE (a)	of moreondo	el nordin	BETWEEN ONSET AND DEATH				
roumatic		Canditions, if ony, which	DUE TO, OR AS A CONCEOUE	EMCE OF Jensolste	bank dreese	20 70				
or other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEDUE	ENCE OF Jet n	elleti	wys.				
injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART Tro				
y our	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?				
Item 18 sh		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	FATH HOUR A.M. MONTH DA	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT   OR PARI 2)				
morked or h	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	211 LOCATION	CITY OR TOWN	COUNTY STATE				
21 is mo		22a.l certify that (1) (thus how sow the deceased alive o	n 19		, to, 1	9 that (I) (we) last and from the causes stated				
PORTANT: If Hem.		226 SIGNATURE	Liles )	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED				
MPORTAN		SR GEHL	EPT /	17e ADDRESS 400 Co	unington for	Bulfo 2/2)				

DHMH - 16 50M 4/83 (VRA 15, 4)

Burial

SPECIFY
Burial

HUNGAL

BURIAL

BURIAL

CONTROL

CONTROL 184 BALTO

23c NAME OF CEMETERY OR CREMATORY Holy Cross Cem

23d. LOCATION
CITY OF TOWN
Brooklyn

A.A.

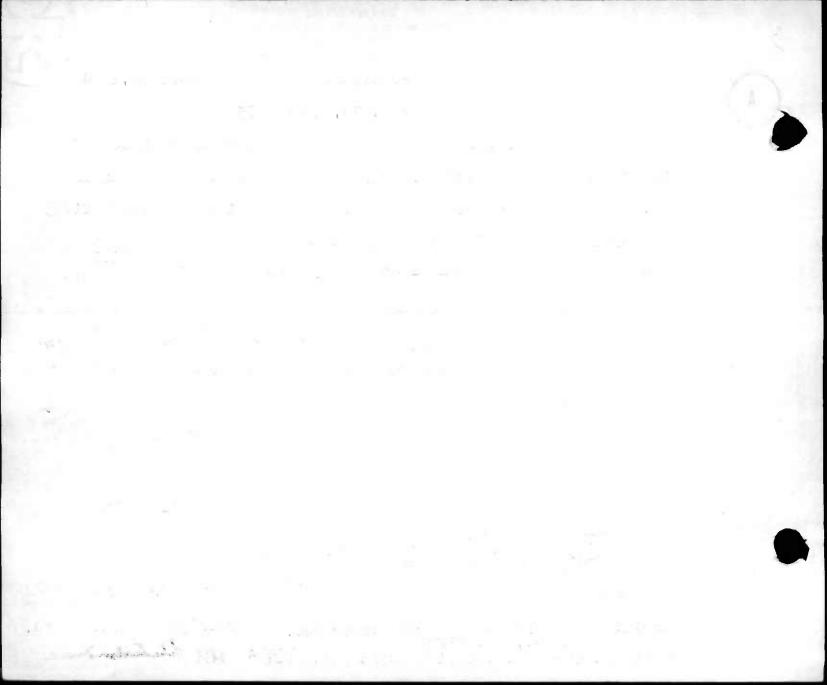
Md.

JUL 6

21225 1001 RITCHIE HWY.

23b. DATE

GONCE F.H. 4001



FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

5 EDT

	REGISTRAR		CENTITICATE	OI DEATH	REG. NO	O.	101
	CEASED NAME FIRST	A LLI TOCKLOLI	LAST TOCH OCTON			MONTH DAY YEAR	2b HOUR
	MICH	AEL JOSEPH	KOSLOSKY		JUNE	07, 1984	771
3. SE		4. RACE	3 DATE OF BIRTH		6 AGE IN YEARS LAST BIR	THDAY) IF UNDER LYEAR MONTHS DAYS	
1	ALE	WHITE		°^Y 1923	61	YRS.	
70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) 2 •	U.S.A.	MARRIED X N	DIVORCED		RUNDEL COUN	TY MD.
io Ci	GLEN BURNIE	11. NAME OF HOSPITAL, NUR (IF NOT INSUCH FACULTY CHESTR NORTH ARUND			TROWN WORL		OF BUSINESS OR Y
MI	AL RESIDENCE (IF NURSING HOME C TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	ENA YES			t# St. (21	.122)
5	THER'S NAME FIRST SIMON	KOSLOSK	Y	MARY	WIDDLE	DOMSHO	)K
	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)	RMED FORCES? 166 SOCIAL SE VIII OR DATES) 044-16		ry L. Ko	slosky (sa	ame as 13e	;)
NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION  DUE TO, OR AS A CONSECTION  (c)  CONDITIONS CONTRIBUTING TO	OUENCE OF	ELATED TO THE TERM	Q VENUELLE  MINAL DISEASE OR CON	8 /	i i i i i i i i i i i i i i i i i i i
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS	PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR 19	OW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2}	
WEG	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFI		STREET	CITY OR TO	WN COUNTY	STATE
	saw the deceased alive a	pital) attended the deceased from	9/11	in (my) (our) opinion	death occurred on the de	ote and haur and from th	, that (I) (we) last ne couses stated
	27b SIGNATURE	raeiro	DEGREE	D ATTENDING PHYSICIAN [	OIRECTOR PHYSIC	FF GIAN D	SIGNED 84
	220 PHYSICIAN'S NAME INPE	OR PRINT)	22e A	DDRESS 14	4 WELLHAM A	VENUE	/
		CYRIAC, M.D.			RNIE, MARYL	ND 21061	
	BURIAL, CREMATION, REMOVA LITTAL	23b. DAJE 1./84	Balto. N	ational	Cem . CITY Balt	imore COUNTY	Md.

DHMH - 16 50M 4/83

BP.

O HOSPITAL OR ATTENDING etoined by the hospital or off

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicies should be detached for use as the burial-transit permit. Then please remove carbon poperativity the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event,

George J. Gonce F.H. 400 Fess Ritchie Hwy. JUN 8 1984

The wind Mark

THE SECT WILLIAM MAKE THE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. ond completely filled in by the funeral a loges I and 2 should be filed within 72 h

FOR - STATE

### STATE OF MARYLAND CEPTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	REGISTRAR		CERTIFICATE OF DEA	REG. NO			
I	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR		
ı	Joor	n Kol	Koo	J	une 11 1984 M		
Ì	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTE			
Ī	Male	Korean	Oct. 7, 19	932 51	YRS DATS HOURS MIN.		
j	To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE		9 RALTIMORE CITY OF			
	Korea	USA	WIDOWED DIVOR	RCED 🔲 📗 Anne Aru	indel County MD.		
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITU	12a USUAL OCCUPATION			
-	Glen Burnie		ire Lane, Apt. F	Unemploy			
	130. STATE 136 COL	JNTY 13c. CITY OR TO		LIMITS? 13e STREET ADDRESS			
7		AA Glen E			kshire Lane 21061		
	14. FATHER'S NAME PIRST N/A	MIDDLE LAST	15 MOTHER'S M.		LAST		
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE	ECURITY NO. 17 INFORMANT	ADDRES	iS		
1	No.	214-94	1-8714 Myong S	Sook Koo, Same as			
I		only one couse per line for (a), (b),	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
J	PART I. DEATH WAS CAUS	ATE CAUSE (o)	gestive He	out Failure	day		
1	4029	DUE TO, OR AS A CONSE	DUENCE OF				
ı	Conditions, if ony, which	( 1b) 1027	Putinson		gens		
1	gove rise to immediate couse (a), stating the	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF					
1	underlying couse lost.	((c)					
ı		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR COND	ITION GIVEN IN PART 110		
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING						
	DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORM	ED 200 AUTOPSY?	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
4	THE STATE OF THE S			YES NO	YES NO		
1		21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY	IN ITEM TB PART I OR PART 2}		
	(IF EITHER NOTIFY MEDICAL EXAMIN	(ER) P.M.	19				
ı	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE, FARM ETC.) 21f. LOCATION STREET	city OR TOW	COUNTY STATE		
1	AT WORK AT WORK		3.4				
ı		pital) attended the deceased from		19, to	. 19, that (I) (we) lost		
١	obove, (I) (we) (diet) did r	on19 not) view the body ofter death,		r) opinion death occurred on the dot	te and hour and from the causes stated		
١	220. SIGNATURE	nt	DEGREE ATTE	NDING MEDICAL STAFF	22c. DATE SIGNED		
4	22d. PHYSICIAN'S NAME (TYPE	n 40 /		NDING MEDICAL STAFF	AN 0-12-84		
	220. POYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS				
4	Sang Cheo	Doh, M.D.		ahart Road, Glen	Burnie, MD		
	230 BURIAL, CREMATION, REMOVA (SPECIFY)		NAME OF CEMETERY OR CRE	CITY OR TOWN	COUNTY STATE		
1	Burial	June 14, 1984	l Glen Haven Mer				
1	24 FUNERAL DIRECTOR	ADDRES	55	25a. DATE REC'D. BY REGISTRAR 2	s REGISTRAR'S SIGNATURE		
1	James S. Kirkl	ey, Glen Burnie	e, MD	A 150 1 100	heha Davidson-Randall		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove corbanpapers: Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

injury, ar other traumatic event, th

MPORTANT: If them 21 is morked or Item 18 shows any

LANCOLA LOOF ET MU

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital an attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

ļ.,		REGISTRAR							REG. N			
	TYPE OF		FIRST		MIDDLE	LA	AST		a DATE OF DEATH	MONTH	DAY YEAR	9:15
L		J	John		ancis	Kri		- 100	AGE (IN YEARS LAST BI		The state of the state of	1110
\ l	3. SEX	4.4		I. RACE		5. DATE O		YEAR		RIHDAY)	MONTHS DAYS	HOURS 1
hor	2 DUDT	Male		Cauc	-		-28-25		58	YRS	Y OF BEATH	
35	COL	HPLACE (STATE OR FO	OREIGN	71	WHAT COUNTRY?	MARRIED	NEVER MARI	RIED 🛄	TO THE PARTY OF TH	_		
-		aryland OF TOWN OF DEA	TH		B.A.	WIDOWE			Anne Anne Anne Anne Anne Anne Anne Anne			DE BUSINESS
0	Gle	n Burnie	9	7966	Crainmo	ont D			Sr. Space	OF WORKING	INDUSTRY	pace
	13a. ST/	RESIDENCE (IF NURSINATE  Tyland	136 COUN		13c. CITY OR TOW	VN .1	13d. Inside city L eyes \textbf{\text{P}}  NO	IMITS?	3 STREET ADDRESS 7966 Cra			210
E/I	4. FATE	HER'S NAME		UDDIE TZ	• LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE		1.0	<1
8		Harry		Kre	is Kries	/.	Gla	adys	-		Down	ey
medica		AS DECEASED EVER I	IN U.S. ARA	MED FORCES? WAR OR DATES)	166 SOCIAL SECU	URITY NO.	17 INFORMANT	Kre	eis ADDR			
Ē/		Yes	W.	W.II	219-18-	-6947	Mary R		<del>-es</del> 7966	Crai		
i F	T <sub>i</sub>	8 CAUSE OF DEATH	LEnter and	v one couse per	line for to) (h) no	nd Ich	4	/	,			ONSET AND DE
				, one could be.	101 101, 11, 01							
her traumatic event,		PART I. DEATH W.  1991  Conditions, if ony, gove rise to imm cause (a), stating	AS CAUSED IMMEDIATE which nediate g the	DUE TO, Q	Candill Brain	Dres IENCE OF M-6	pirato	,	-Small	Cell (		min
ijury, ar other traumatic event,	P	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	AS CAUSED IMMEDIATE which nediate g the last	DUE TO, OI  DUE TO, OI  (c)	Card/ Brain Ras consequence	PES ME MCE OF	tastas	is of	-Smz/		Conces.	oney
ows ony injury, ar other traumatic event	P	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	which nediate g the last	DUE TO, OI  DUE TO, OI  (c)  ONDITIONS CO	Card/ Brain Ras consequence	PICE OF  MCE OF  DEATH BUT	tastas	is of		TOIL IF YI	Conces.	onely
-9 49	CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), stoting underlying cause  PART 2 OTHER SIGN  DATE OF OPERA  ACCESS WAS ALLED OF CONTROL OF CONT	which lediate g the last	DUE TO, OI  ONDITIONS CO  TIM TIME O  HOUR A	R AS A CONSCOU DISTRIBUTING TO THOM FOR WHICH M. MONTH ID	INCE OF DEATH BUT	PTASTAS	is of	TAL DISEASE OR COM	JOB IF YI	CANCES	ONCY NGS USED S OF DEATH
-9 497	CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN  DATE OF OPERA	which lediote go the lost.	DUE TO, OLO  DUE TO, OLO  (c)  ONDITIONS CO  TILL TIME OLO  HOUR A.  P.  210 PLACE	S A CONSCOU R AS A CONSCOU DITION FOR WHICH OF INJURY M. MONTH ID M. OF INJURY	PES  IENCE OF  INCE OF  DEATH BUT I	NOT RELATED TO N WAS PERFORME THE HOW INJURE	is of	TAL DISEASE OR CONTROL OF THE SECOND	JOB. # YI	ONCES IN PART 1  ES, WERE FIND  EYING CAUSE  ES   PART I DE PART Y	NGS USED
- 4	NEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN  DATE OF OPERAL  THE ACCEPTATE WARDS.	which dedicte go the lost	DUE TO, OLO  DUE TO, OLO  (c)  ONDITIONS CO  TILL TIME OLO  HOUR A.  P.  210 PLACE	R AS A CONSIGNATION FOR WHICH	PES  IENCE OF  INCE OF  DEATH BUT I	NOT RELATED TO	is of	TAL DISEASE OR CON	JOB. # YI	CANCES	ONCY NGS USED S OF DEATH
-9 49	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN  DATE OF OPERAL  THE NUMBER OF OPERAL  T	which lediote go the lost.  UIFICANT CO	DUE TO, OU  (b)  DUE TO, OU  (c)  ONDITIONS CO  THE CONDITIONS CO  THE	R AS A CONSIQUE ON TRIBUTING TO MENTING TO ME	DEATH BUT I	NOT RELATED TO N WAS PERFORME THE HOW INJURE	is of	TAL DISEASE OR CONTROL OF THE SECOND	JOB. # YI	COUNTY	NGS USED
-9 497	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN  DATE OF OPERA  THE ACCEPTATE WALLIES  OF CONTRIBUTING C	which sediote g the lost.  UIFICANT CO	DUE TO, OLD (c) ONDITIONS CO	S A CONSEQUENT ON TRIBUTING TO STRIBUTING TO	DEATH BUT	NOT RELATED TO N WAS PERFORME  THE LOCATION SHEET	THE TERMIN	TAL DISEASE OR CONTROL OF THE SECOND	JOB. IF YI BN CERT	COUNTY	NGS USED SOF DEATH NO []
f them 21 is morked at them 1	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN  DATE OF OPERA  THE RECEIVE WAS UNITED TO THE SIGN  THE PROPERTY OF COURT WAS UNITED TO THE SIGN  THE PROPERTY OF COURT WAS UNITED TO THE SIGN OF COURT WAS UNITED	which sediote g the lost.  UIFICANT CO	DUE TO, OLD (c) ONDITIONS CO	R AS A CONSIQUE ON TRIBUTING TO MENTING TO ME	PES  IENCE OF  DEATH BUT I	NOT RELATED TO  N WAS PERFORME  THE HOW INJUR  THE LOCATION  THE LOCATIO	THE TERMIN	TAL DISEASE OR CONTROL OF THE TANK THE	JOB. IF YI BN CERT	COUNTY	NGS USED SOF DEATH NO []
Hem 21 is morked ar Hem 1	MEDICAL CERTIFICATION	PART I. DEATH W.  Conditions, if ony, gove rise to imm cause (a), stating underlying couse  PART 2 OTHER SIGN  DATE OF OPERA  The ACCEPT WALLIAGO  THE SIGN	which sediote g the lost.  UIFICANT CO	DUE TO, OLD (c) ONDITIONS CO	S A CONSEQUENT ON TRIBUTING TO STRIBUTING TO	PES  IENCE OF  DEATH BUT I	NOT RELATED TO  N WAS PERFORME  THE HOW INJUR  THE LOCATION  THE LOCATIO	THE TERMIN	TAL DISEASE OR CONTROL TO THE STATE OF THE S	JOB. IF YI BN CERT	COUNTY	NGS USED SOF DEATH NO []
MPORTANT: If Item 21 is morked at Item ]	MEDICAL CERTIFICATION	Conditions, if ony, gover rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN  PART 3 OTHER SIGN  PART 4 OF OPERA)  THE ACCEPTATE WAS UNDERLYING TO THE PART AND	which dedicate go the lost.  UIFICANT CO	DUE TO, OLD (c) ONDITIONS CO	CHEN LE	PES  IENCE OF  DEATH BUT I	NOT RELATED TO  N WAS PERFORME  TH. LOCATION  TH. LOCATION  THE LOCATION	THE TERMIN	TAL DISEASE OR CONTROL TO THE STATE OF THE S	JOB. IF YI BN CERT	COUNTY  19 8 9  We and from the last of th	NGS USED SOF DEATH NO []

A Process of the Control of the Cont transfer to the same of the sa A 25 THE THE THE ST THE 

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fishbuild be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be find with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medica

moy be

requires that the death certificate be executed within 24 hours ofter death. Page 4

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

l ' '	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	O.		ES	T
	CEASED NAME FIRS	Ţ	MIDDLE	l	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	
TITPE	JOS	SEPH	HOWARD	KIJLP		JUNE	25,	1984	734	AN
3. SE	Х	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24	
	male	whit	е	8 8	1 17	66	YRS.	ONTHS DAYS	HOURS A	M IN.
	IRTHPLACE (STATE OR FOREIG		WHAT COUNTRY?	8.		9 BALTIMORE CITY O		OF DEATH		
· '	COUNTRY) Pa.	U.S.	A.	WIDOWE	NEVER MARRIED	ANNE A	RUNDEI	COUNT	Y	MD
10 C	ITY OR TOWN OF DEATH			NG HOME C		120 USUAL OCCUPATI	ON	126. KIND O	F BUSINESS	
	GLEN BURNIE		H ARUNDEL		ITAL	machinis		Md. Dr	ydock	
USU.	AL RESIDENCE (IF NURSING HO STATE 1136.0	IME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13a STREET ADDRESS	ZIP CODE			
	Md.	A.A.	Pasader		YES NO	1104 Beach	Prome	enade	21226	
14. FA	ATHER'S NAME	MIDDLE	1241		15. MOTHER'S MAIDEN NAM	MIDDLE				
	Richard	MIDDLE	Kulp		Ethel	MADULE		Roge	rs	
	WAS DECEASED EVER IN U.		166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRE	SS			
(		ES, GIVE WAR OR DATES)	159 12 1	1808	Grace M. Kulj	same as	13E)			
	18 CAUSE OF DEATH (En	ter only one couse pe	r line for 1q1 (b), or	dacy	0 /-	<u>-</u>		BETWEEN	MATE INTERVA	ATH
	PART I, DEATH WAS C	AUSED BT: EDIATE CAUSE (a)	Kellin	tvin	must.			VA	mud.	
		DUE TO, C	R AS A CONSEQU	ENCE O	0 1 1 0	0	0.			
	Conditions, if ony, which		Chris	w 0	Columbre fre	sourcely 1	Men	2. Jy	1.	
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying couse los	(c)	Lev	eu 1	ulumen	Julian	7 1	1>71	/-	
7	PART 2 OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PARI 1		
CERTIFICATION					V	V	Tan is use			
\S	198. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN YING CAUSES		?
Ē			5 11 11 15 17			YES NO			№ □	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	LIGHTS 4		AY YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM TS PA	ART I OR PART ?}		
S	(IF EITHER, NOTIFY MEDICALEX	AMINER) P	M	19						
WEDICAL	214 INJURY OCCURRED		OF INJURY REET, FACTORY OFFICE,	FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STAT	E
_	AT WORK AT WORK									
1	220.1 certify that (1) (this	/	ne deceased from	W. 11	3 19 30	, to	<u>L Z </u>			last
	sow the deceased old above, (I) (We) (did) (did)	lid het) view the bod	after death.		d that in My (ou) opinion de	eoth occurred on the de	ote and hour			d
	226. SIGNATURE	0 7 0	٥.		DEGREE ATTENDING	MEDICAL STAI		22c. DATE	SIGNED	91
	Mul	und of l	minly		PHYSICIAN ()	DIRECTOR   PHYSIC		6	4	0,4
	22d. PHYSICIAN'S NAME	TYPE OR PRINT)	1		Me ADDRESS 865	1 FORT SMA	LLWOOT	ROAD	,	
	MICHAEL I	GARAHY.	M. D.		PASADENA	MARYLAND	21122			
	BURIAL, CREMATION, REMO		1		EMETERY OR CREMATORY	23d. LOCATION	3.3	EOUNEY	2.6721	I E
	burial	6/27	/84 I	ld. Ve	terans Cem	Crownsvi	тте	AOUNY.	Ma'	

DHMH - 16 50M 4/83

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

24 FUNERAL DIRECTOR (VRA 15, 4)

George J. Gonce

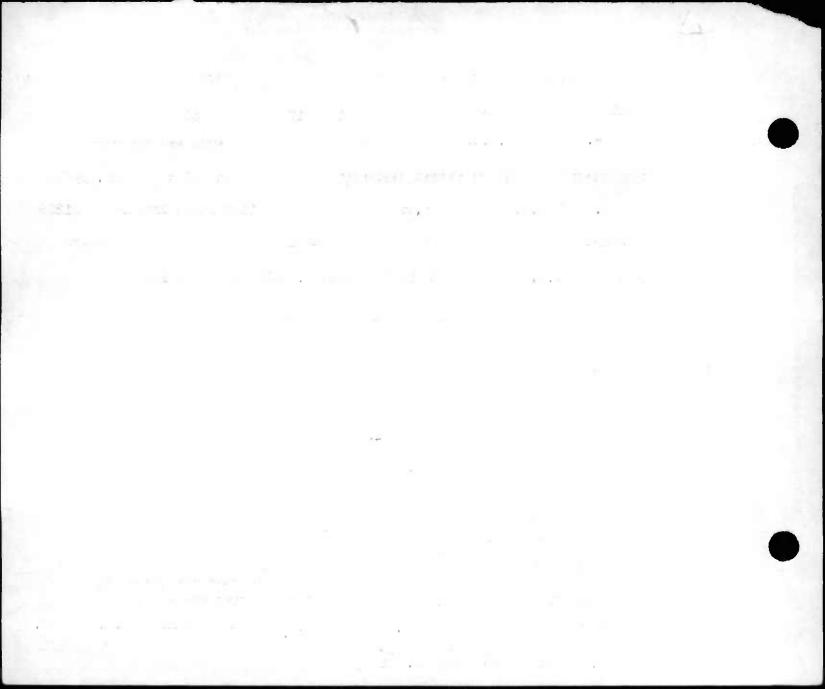
4001 Ritchie Hwy. Baltimore Md. 21225

Md. Veterans Cem

Crownsville 1984

AOUNY. Ma" 256 REGISTBAR'S SIGNAPURE AND LANGUE

5



DECEASED-NAME

(Type or print)

lost birthday) DAYS Haurs 9. COUNTY OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) **INDUSTRY** TIMERNESS 13e. STREET AND NUMBER Middle Same as PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Cify or Town Caunty State and that in (my) (my) pointon death occurred on the date and have and fram the PHYS f Health 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) (Caunty) Cremation of of 0 edar 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE DHMH-16 1/71 30M as produced well of hims , (VR A15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Middle

2g DATE OF DEATH

Manth

IF WNDER 1 YEAR

IF UNDER 24 HRS

THE PERIOD TO LANCE OF THE PARTY OF THE PART Compared to the Bill and Bill device and the second second second second section is a factor of the second section of the second section of THE AND THE HILL STATE OF THE S the material despumped on your state of the Edward and the state of the sta ONLY SHE SHOOT SELECTION

#### CTATE OF MADVI AND

	IMIL OF M		94
EPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
		OF DEATH	

FOR STATE REGISTRAR	D	EPARTMENT OF HEA	LTH AND MENTAL HYO ATE OF DEATH	REG. NO.	2	
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LALKES	Lahey	20 DATE OF DEATH MONTH	26 84	26. HOUR SAM
Female	White	5. DATE OF E	17 98	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
NEW ORK	16 CITIZEN OF WHAT CO	WIDOWED	NEVER MARRIED DIVORCED	Anne Anu	nty of DEATH	O. MD.
Annapoli's	11. NAME OF HOSPITAL,	, NURSING HOME OR C GIVE STREET ADDRESS) Ge	n') Hosp.	120 USUAL OCCUPATION (174 OF WORK FOR MOST OF WORK)	NG LIFE) INDUSTRY	F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 130 COUL)	ROTHER INSTITUTION, GIVE RESIDE NTY & Arundol D	NCE BEFORE ADMISSION) OR TOWN 13.	I. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP C	CODE 2116	58 Dr
14 FATHER'S NAME FIRST Mat	thew Ko	abute 15	MOTHER'S MAIDENNA	MIDDLE	Osha	nski

	I I mattheu	nanure	Mary		Snansr
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES?	161 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	Same as
	(IF YES, GIVE WAR OR DATES)	-05-686	3 Mrs. Geo.	rge Cost -	#13
	18 CAUSE OF DEATH (Enter only one cause p PART 1. DEATH WAS CAUSED BY:		CANCIANA A	Pestin	APPROXIMATE INTERV BETWEEN ONSET AND D

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

5/17/84	ENGO VAFINAT FI	STULA	YES NO	TN CERTIFYING CAUSES	S OF DEAT
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRE	D (ENTER NATURE OF IN)UR	Y IN ITEM 18 PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR				
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				
21d, INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOY	wn COUNTY	
WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE FARM ETC.)	STREET	CITYORIO	miv COUNTY	2

iur) apinian death occurred on the date and have and from the causes stated

mat) view the bady after death MEDICAL STAFF DIRECTOR | PHYSICIAN | ATTENDING

22e ADDRESS

206. IF YES, WERE FINDINGS USED

20a AUTOPSY?

19a DATE OF OPERATION

DHMH - 16 50M 4/83 (VRA 15, 4)

filled in by the funeral di

remove carban papers. Pages

njury, ar ather traumatic event,

CERTIFICATION

MEDICAL

should be detached for use as the burial-transit permit. Then please remave carbon pape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or remaval.

IMPORTANT: If hem 21 is marked ar hem 18 🖆

ond

physician

offending death

signed by the

10 FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING

HOSPITAL

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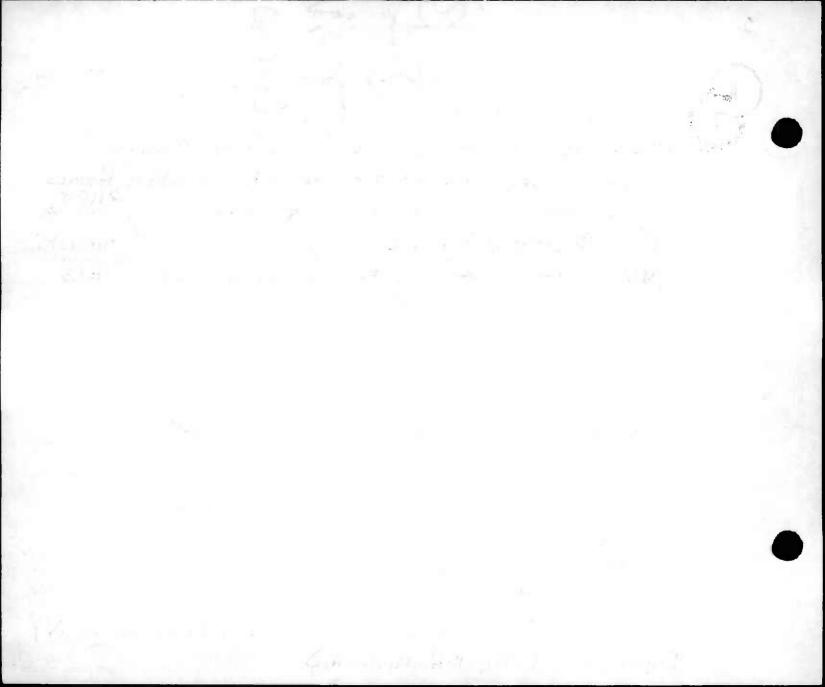
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within 24 hours ofte

executed

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DEPARTN	NENT OF H	OF MARYLA EALTH AND A ICATE OF D	MENTAL HYG	IENE C		Topologia de la companya de la compa	j U	7	ö
DDIE		AST	LATII	2n DATE OF	REG. NO	O. HINOM	DAY YEAR	9 124	EDT
bert R.	· ·	LANE			E 19,			100	:43P M
	S. DATE O			6 AGE (INYE			IF UNDER 1 YE	EAR IF U	INDER 24 HRS. URS MIN.
	Oct.	19,	1934		41	YRS.			
/HAT COUNTRY?		NEVER A	_	9 BALTIMOI ANNE	RÉCTY <u>o</u> ARUN			1	
OSPITAL NURSIN	WIDOWE		ORCED				COUNTY	0.05.00	MD.
FACILITY, GIVE STREET		K OTHER INST	IIUIIUN	120 USUAL C			IFE) INDUST	RY	ISINESS OR
TH ARUND	EL HO	SPITAL		Main		lan	Unit	ted	Propane
13t. CITY OF TOW	Ville	13d. INSIDE CI	ITY LIMITS?	13e.STREET A	DORESS		heel	Lai	ne 21108
1-111144	• 1 (t		MAIDEN NA	ME	VVIII	7 00	rcci .	100	
Lane			ola		MIDDLE		Hic	cks	
166 SOCIAL SECU	RITY NO.	17 INFORMA	NT (Wif	e)	ADDRE	SS	Same	e as	5
414/44/	9374	Mrs.	Shir1	ey E.	Lan	e	# 13		
Cardi		arie	ol				APP BETWI	ROXIMATE EN ONSE	INTERVAL T AND DEATH
AS A CONSEQUE	NCE OF	& in	fare:	tion					
ASTRONSEQUE	46	guis	Evene	20	2/0	To	_		
NTRIBUTING 10 D	SEATH BUT	NOT HELATED	TO THE TERM	IN A DISEASE	ONCON	DITION G	WEN IN PAR	l lio:	
ION FOR WHICH	2 (C)	100 M	RMED	YES []	NO []		ES, WERE FIN FYING CAU (ES []	SES OF I	
MONTH O	Y YEAR	TIL HOW IN	JURY OCCUR	ED (milena)	URL OF PHILIP	O THE PERMIT	PART LOWPART	er.	

gove rise to immediate couse (a), stating underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CO

71a. ACCIDENT WAS INDERLYING

OK CONTRIBLITING [ ] CALISE OF DEATH

OF EITHER, NICHTY MEDICAL EXAMINERS 214 INJURY OCCURRED

> NOT WHILE ALWORD.

Conditions, if any, which

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

Male

Tennessee 10. CITY OR TOWN OF DEATH

Maryland 14 FATHER'S NAME FIRST

Earnest 16g WAS DECEASED EVER IN U.S.

YES, NO OR UNKNOWN]

To BIRTHPLACE (STATE OF FOREIGN

GLEN BURNIE

3. SEX

13ª STATE

CERTIFICATION

within 72

in by the

completely filled lond 2 should b

Poges puo

medi

FIRST

USUAL RESIDENCE " NURSING HOME OR OTHER INSTITUTION.

136 COUNTY

18 CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED BY

MIDDLE

1953 - 57

IMMEDIATE CAUSE (0)\_\_\_\_

ARMED FORCES?

DUE TO, OR

DUE TO: OR

(b)\_\_\_

WILLIAM

4. RACE

Ro

White

NAME OF H (IF NOT IN SUCH

NOR

7b. CITIZEN OF W

M CONDIT HA DATE OF OPERATION

THE PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21h TIME OF HOUR A.M

19

1.19883

ERY OF TOWN

and that in (my) (aur) opinion death accurred on the date and hour and from the course stated

COUNTY

STATE

22e.1 certify that (I) (this hospital) attended the 

DEGREE

MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN | 27L DATE SIGNED

HO JIN BAE, M.D.

22d PHYSICIAN'S NAME (1719 OF PRINT)

7422 BALTIMORE-ANNAPOLIS BLVD.

GLEN BURNIE, MARYLAND 21061

23a BURIAL, CREMATION, REMOVAL Burial

2 Tuffe 23, 1984

23¢ NAME OF CEMETERY OR CREMATORY Lake View Mem.

23d LOCATION CITY OR TOWN Prk.Sykesville

Carroll

24. FUNERAL DIRECTOR

27% SIGNATURE

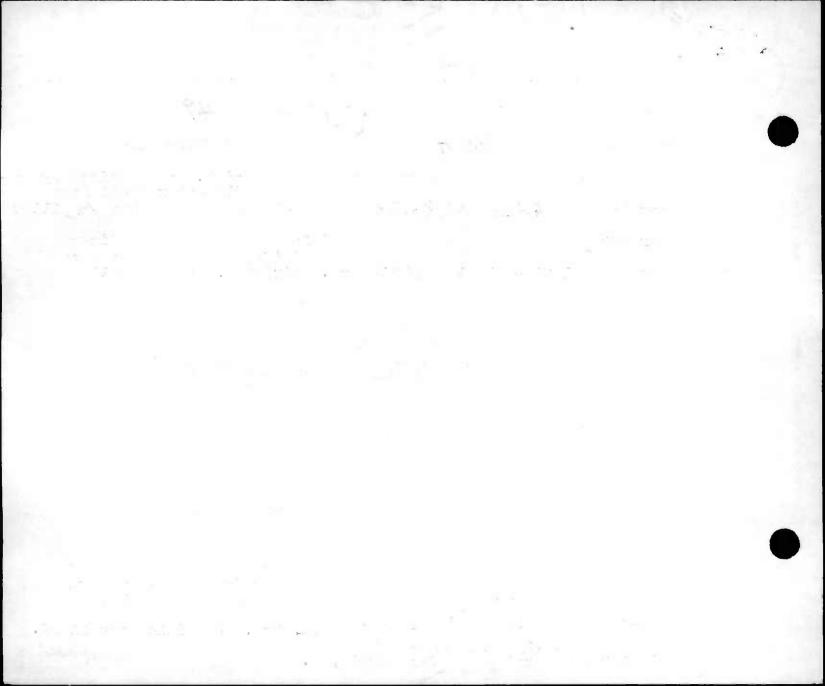
Singleton Funeral Home Glen Burnie, Md.

FUNERAL DIRECTOR

old be deto

PORTANT.

DHMH - 16 50M 4/83 (VRA 15, 4)



	1	41)
	TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate by executed within 24 hours after death. Footerstained by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletery filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Fagers 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
0.212.0	4 hours ofte	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletery filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbon popers. Fages 1 and 2 should be tiled within 72 haws the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
MAKTLAN	ded within 2	and completely III
SALTIMORE	ofe by event	sicion and e iperi. Pages ral.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	feath certific	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial should be detached for use as the burial-transit permit. Then please remove carbonpapers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.
70 W. P.	s that the a	ed by the o please remo rrial, cremat
KECOKUS,	law require	ermit. Then
OF VIEW	CIAN The	ial-transit p
DIVISION	TO HOSPITAL OR ATTENDING PHYSICIAN The Personned by the hospital or ottending physician.	After this of se os the bure
	OR ATTEN	DIRECTOR.
	HOSPITAL	FUNERAL
	0 8	543

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## STATE OF MARYLAND

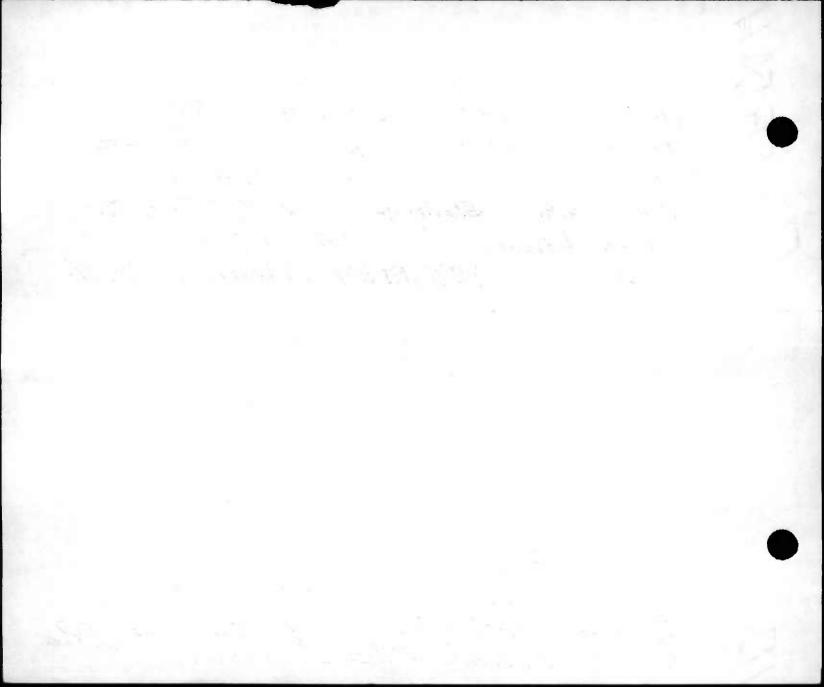
1.	FOR STATE REGISTRAR	dr	DEPA		EALTH AND MENTAL I		REG. NO.	U S	EDT
	CEASED NAME	FIRST	MIDDLE	l	AST	20. DATE OF DI	EATH MONTH D	AY YEAR	26. HOUR
(,,,,	CONTRINTI	JOSEPH	G.	LAV	ONIS. SR.	JUI	NE 8. 1984		12:10 M
3. SE	×		4 RACE	5. DATE C		6. AGE (IN YEAR		ONTHS DAYS	HOURS MIN.
Ì	MALE		WHITE	10	13 1895	5	88 YRS.		
7a. B	IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
P	ENNA.		U.S.A.	WIDOWE	DIVORCED	☐ ANNE A	ARUNDEL CO	DUNTY_	MD.
10 C	ITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		OR OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING LIFE		F BUSINESS OR
-	EN BURNII		NORTH ARU		SPITAL	KETIK	ED		
130.	AL RESIDENCE (IF STATE)  ATHER'S NAME FIRST	A. A.	R OTHER INSTITUTION, GIVE RESIDENCE RINTY  MIDDLE  LAST	EFORE ADMISSION)	134 INSIDE CITY LIMITS YES NO THER'S MAIDEN	830	DRESS ZIB CODE	ST. a	21061
160	WAS DECEASED EV YES, NO OR WIKNOWN	/ER IN U.S. AR } {IF YES, GIV	RMED FORCES? 166 SOCIALS VE WAR OR DATES	SECURITY NO.	PAYNOUD L.	LAVONIS	830 JAC	K S	MATE INTERVAL ONSET AND DEATH
CERTIFICATION	Canditians, if a gave rise to a cause (a), st underlying ca	ony, which immediate oting the ruse last.	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	EQUENCE OF	NOT RELATED TO THE T	SPSIS.  ERMINAL DISEASE C		N IN PART I II	
FICA	196 DATE OF OPE	KATION	140 CONDITION FOR WE	TICH OFERATIO	N WAS FERFORMED		IN CERTIFY	ING CAUSES	OF DEATH?
EX	21a. ACCIDENT WAS	UNDERLYING T	21b. TIME OF INJURY		21c HOW INJURY OCC		F OF INJURY IN ITEM 18 PA		NO [
	OR CONTRIBUTING	CAUSE OF DE	HOUR A.M. MONTH						
MEDICAL			P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFI	FICE FARM ETC.)	211 LOCATION STREET	C	TITY OR TOWN	COUNTY	STATE
	22a I certify that	(I) (this haspi	ital) attended the deceased fro	am	. 19	ta	, 1	9	that (I) (we) last
	saw the dec above, (1) (w	eased alive an	at) view the bady after death.	19, or	nd that in (my) (aur) apin	nian death accurred c	on the date and haur	and fram the	causes stated
	226. SIGNATURE	Je	1 (2		DEGREE ATTENDINI PHYSICIAN		STAFF PHYSICIAN []	6/8	JY4 DY
	22d. PHYSICIANS	MAME (TYPE C	OR PRINT)		22e ADDRESS 7575	Ritchie	Highway, S	SE	
	FRED '	r. KAHN	I, M.D.		CIEN	RHDNIF	MARVIAND	1061	
134	WHAL, CREMATIC	DN, REMOVAL	6/11/84	HOLY	EMETERY OR CREMATO	DAL	TIMORE	OUALTY /	2 D MATE
0	MERAL DIRECTOR	L. KA	CIRCUSTION	25257	EET ST. 250	DATE REC'D. BY REG	ISTRAR 16. PEGISTE	A LOWER	and we

DHMH - 16 50M 4/83

BP.

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the medical era

(VRA 15, 4)



#### CTATE OF MADVIAND

STATE OF MAKILAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	64
CERTIFICATE OF DEATH	

1-	STATE REGISTRAR			DEPART			HENE 44	REG NO	~		
		FIRST	,	MIDDLE	1.	AST	2a. DATE OF		HIM	DAY YEAR	2b HOUR
{TYPE	OR PRINT)	CARLT	ON B.	LAWSON,	Sr.		June 2	23rd, :	1984		M
3. SE	STATE REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  CARLTON B. LAWSON, Sr.  CARLTON B. LAWSON, Sr.  June 23rd, 1984  Male  SPECE ASSET NAME  White  WHITE  WHITE  WHITE  SPECE ASSET NAME  WHITE  WHITE  WHITE  WHITE  WHITE  WHITE  SPECE ASSET NAME  WHITE  WHI										
1	Male		White		Sep	t. 12th, 1917	66		YRS.	MONTHS DAYS	HOURS MIN.
7a. BI	RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMOI	RE CITY OR		Y OF DEATH	
				100	WIDOWE	D DIVORCED					MD.
						DR OTHER INSTITUTION	TYPE OF WORK	FOR MOST OF W	ORKING LI		
USU. 13a. S	AL RESIDENCE (IF NURSI STATE Maryland					13d. INSIDE CITY LIMITS?	130.STREET &	DDRESS / Z Sunset	Rd.	211	46
			DDIE	1241		15 MOTHER'S MAIDEN NA	ME	ANDONE			67
	Wm. C.			(43)		Bessie Go	uldman	MIDDLE	8		31
16a V	VAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS			
]	No			21210-97	710	Mrs. XXX Caro	lyn L.	Evans-	-320	2 Hunt	Rd. 21047
	18. CAUSE OF DEATI	H (Enter only	ane cause per	line for (a), (b), a	nd (c1.)		Λ.			BETWEEN	ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
			ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDIT	ION GIV	VEN IN PART 1	10
NO	- 1										
CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ONDITION FOR WHICH OPERATION WAS PERFORMED			IN CERTIFYING CAUSES OF DEATH?				
	OR CONTRIBUTING	AUSE OF DEATH	HOUR A.	M. MONTH		YEAR					
MEDICAL	WHILE   NOT WH	ILE 🗆			FARM ETC	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	22a   certify that (1) saw the decease above, (1) (\$\delta\$e) (a	d alive on_		19_	, or	nd that in (my) our) apınian (	, to	d an the date	and hav	19 4.	tha (I) (we) last causes stated
	226. SIGNATURE	nse	14	) Cole	. 亚	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIA	и	6/	28/84
	22d. PHYSICIAN'S NA	AME (TYPE OR	CD (	5 I	I	51 FRAN	KUN	ST	A	NNAP	" nd.
23a. l	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCA		0.	COUNTY	STATE

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remarkel.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic events

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate etained by the haspital or attending physician.

ctor, page 3

Burial 6/29/84 Dulaney Valley
Mitchell-Wiedefeld Home-6500 Fork Rd. 21212

Baltimore Co. BATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

The contract of the contract o 00.12 , 111 86 Monocill. Is (con a second control of the control or dear 10. Every a are 111 - 11 mm. or occol m., yar-1201 mm w. 1100 A CONTRACTOR OF THE PROPERTY O 08/25/6-1 31 Select X 100 I 10 J. TO ST STANKEN ST FRANK IN A יין כב ניין r cl 

1 一下につ 一下で Annuallia Anne Arundal Conunal Hospital Clark Fast Uffice Baltimore x 1 109 Durcarbin Reviet 121 You have no strick that a standard a mylan, button gift. c'on and the speed of the land Windowski D. C., Land 1 1 The new Was June 19 and 195. -1-1poge 3

STATE OF MARYLAND

1	FOR		DEPARTA	MENT OF H	EALTH AND ME	NTAL HYGI	IENE"			
1 -	STATE REGISTRAR			CERTIF	ICATE OF DE	ATH	REC	5. NO.		EDT
	CEASED NAME FIRST		MIDDLE	L.	AST		2a. DATE OF DEAT		DAY YEAR	2b. HOUR
(TYPE	JOHN			T.E	WIS		JUNE 19	. 1984		7:15 A
3. SE		4. RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LA		IF UNDER TYEAR	IF UNDER 24 HRS
	Male	Wh	ite	10	12	1909	74	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MA	DDIED [	9 BALTIMORE CI	Y OR COUNT	Y OF DEATH	
	Massachuse	ts	U.S.A.	WIDOWE		RCED [	ANNE AR	UNDEL (	COUNTY	MD
10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTIT	UTION	12a USUALOCCU			F BUSINESS OR
	LEN BURNIE		TH ARUNDE		PITAL		Barbe	er	Cost	netology
USU. 13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b, COUN Anne		GIVE RESIDENCE BEFORE  130 CITY OR TOW  1 Glen Bu		13d. INSIDE CITY	LIMITS?	13e.STREET ADDRE	ss / zip cot	210 avers Ro	061 pad
14. EA	THER'S NAME				15 MOTHER'S A	AAIDEN NAA			EAS	
	John	O.	Lewi	Ls	Ca	aptali	.na	it		Arruda
	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMANT	T	AI	DRESS 181	9 Maltra	vers Rd
,	YES, NORUNKNOWN) (IF YES, GIV	- WAR OR DATES	013-12-0	0916	Cynthia	a Bald	win	Gle	n Burnie	
	18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per	line for (o), (b), one	3	1 ~	/			BETWEEN	MATE INTERVAL ONSET AND DEATH
		E CAUSE (o)		end	1 /	alle	vil.			
		DUE TO, O	R AS A CONSEDUE	NCE OF		P.	1.1	,		
	Conditions, if ony, which gove rise to immediate	(b)	- CW	rch	onen 1	ros	pace			
	couse (o), stoting the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF	Cilia	- 1	1			
	onderlying coose lost.	(c)	Jen	al	stone	24 1	yell	171		
z	PART 2 OTHER SIGNIFICANT (	ONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO	O THE TERMI	INO DISEASE OR	ONDITIONG	IVEN IN PART 10	a
5	19s DATE OF OPERATION	181 COND	ITION FOR WHICH	ODEDATIO	NIWAS BEREORA	150	20s AUTOPSY?	Tank 15 VI	ES, WERE FINDIN	ICC USED
MEDICAL CERTIFICATION	1148 DATE OF OPERATION	170 COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORM	VED		IN CERT	IFYING CAUSES	OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	1 21b. TIME C	F IN ILIRY		171r HOW IN III	IRY OCCUPE	YES NO		res []	NO 🗌
CO	OR CONTRIBUTING CAUSE OF DE	TH HOUR A.	M. MONTH DA		110.110.11	NV OCCORR	(ENTER NATURE OF	INDUSTRIA HEM TO	PARTION PARTY	
OICA	(IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED	21e. PLACE	M.	19	21f LOCATION					
MEG	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F.	ARM, ETC )	STREET	'	CITY	OR TOWN	COUNTY	STATE
	22a. I certify that (I) (this hospi	tol) ottended th	e deceosed from_	June	19	19_84	toju	ne 19	. 19_84	that (I) (we) lost
	sow the deceased alive on above, (1) (we) (did) (did no	ti view the table	Mendeoth.	. 01	nd that in (my) (o	ur) opinion d	deoth occurred on t	ne date and ha	our and from the	couses stated
	22b. SIGNATURE	01/1	111	, 4	DEGREE	ENDING	MEDICAL	STAFF	22c. DATE	SIGNED
	(1)	/1//	MI	W	PH	YSICIAN [	DIRECTOR   PH	YSICIAN 🗌		
	276 PHYSICIAN'S NAME AND	The state of the s			22e ADDRESS		OSPITAL D			
		SIUS, M					BURNIE, M	ARYLAN	D 21061	
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		- 01		EMETERY OR CR		23d LOCATION CITY OR TOW		COUNTY	STATE
	DAT TOT	0-2	6-04   S	T. Pa	tret of te	Camat	W-77	D		

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic event, the

IMPORTANT: If them 21 is marked or Item 18 shows any

Marzullo Funeral Service

24 FUNERAL DIRECTOR

Reisterstown, Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE OF THE STATE OF THE STATE

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1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	ent 4	1 5	5 1 (	EDT EDT
	CEASED NAME	Pest		WEDTE		LAST	26 DATE OF DEATH	1000	DAY YEAR	DEATH  OUNTY  AD  TE KIND OF BUSINESS OR  NOUSTRY  OWN HOME  E. 21061  LASI  KIRDY  APPRICAMATE INTERVAL  MITWEN CHOCKY AND DRAFT  OF PRET TO  COUNTY  AD  TO KIND OF BUSINESS OR  NOUSTRY  OWN HOME  E. 21061  LASI  KIRDY  APPRICAMATE INTERVAL  MITWEN CHOCKY AND DRAFT  OR PRET TO  COUNTY  LOGING  That (I (we) loss of the course shared  22. DATE SIGNED  C/28/84
Titre	CKMINT	LESLI	E Jea	nnette L	EWIS		JUNE	27,	1984	0710 PM
SE	emale		White	tue	Jan.		AGE INTABLASI	WINDAY)	MASS TRACE  ZVAC SHEADIN	
z. 88	RTHPLACE ISTAIL	OF+DREGH	CONTRACTOR DESCRIPTION	WHAT COUNTRY?	1	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	Υ 40
0 C	GLEN BUR				G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA (THE OF WORL FOR WOLL HOMEMAKET	OF WORKING ()	HI INDUSTRY	OF BUSINESS OR
Vai	ryland	IJA: COU	MIY	GM REHIDENCE BEFORE 13L CITY OR TOWN 1Glen Bur	N	YES NO KK	307 Third		E	
Jos	seph			Kirby		Annie	NMN			
	VAS DECEASED EV TS. NO OR LINEHOWN NO	(# H5 G)	RMED FORCES? VEWAR OF DATES	212/74/5		Mr. Ellswort	101712	on) Sa		
CERTIFICATION		immediate ating the sise last:	comprions c	hts -	EATH BUT	I NOT RELATED TO THE TERM ON WAS PERFORMED	20e AUTOPSY?	IN CERTI	S. WERE FIND FYING CAUSE	INGS USED S OF DEATH?
-	71e. ACCIDENT WAS OR CONTRIBUTING.	CAUSE OF DE	ALH HOUR A	OF INJURY M. MONTH DA	Y YEAR	214 HOW BYJURY OCCUR	AED LEMES HISTORY OF A		ES [] PART LORPART 31	NO []
MEDICAL	21d INJURY OCC	URRED	The PLACE	OF INJURY HET, FACTORY CHACK, FA	19	711 LOCATION LINEET  19  Ind that in (my) (corr) opinion	to 6/3	7/84	FOUNTS	that (ti (we) last
	TORGE	B. RA	jy	Blam.	91	-	5 OAKWOOD	ROAD S	G/SUITE/2	1-
M. FI	Burial JNERAL DIRECTO	A	June /3	23c, N	udon	Park Cemetery	23¢ LOCATION CITY OF TOWN	re	COUNTY	Har Mand

DHMH - 16 50M 4/83 (VRA 15, 4)

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	STATE REGISTRAR	-	•		CERTIF	CATE OF DEATH	ł	REG. N	0.		ED	T
- 1		EASED NAME	FIRST	A	AIDDLE	t.	AST	21	DATE OF DEATH	HIMOM	DAY YEAR	26 HOUR	_
1	(ITTE (		ANKLIN	WES	SLEY	LIBE	RTO, SR.		JUNE 4,	1984		1:52 P	И
	3. SEX		4.	RACE		5. DATE O			AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	_
-	M	IALE		WHI	ГТÉ	MONTH		23	60	YRS	MONTHS DAYS	HOURS MIN.	
		THPLACE (STATE OR F	OREIGN 7b	CITIZEN OF		TDV2 8		0	BALTIMORE CITY O		Y OF DEATH		_
5	CC	OUNTRY)		77 (	A .		NEVER MARRIE	ם ו	ANNE ARU	_			
4		IARYLAND  Y OR TOWN OF DEA	Tu II		S.A.	WIDOWE	D DIVORCE		USUAL OCCUPATI			F BUSINESS OF	_
	TO CIT	TOR TOWN OF DEA		IF NOT IN SUC	H FACILITY, GIVE S	TREET ADDRESS)			TYPE OF WORK FOR MOST C		LIFE) INDUSTRY		
		GLEN_BURNI				DEL HOSP	ITAL		DRIVER		PRINT	ING CO.	_
Z	USUA 13a S1	L RESIDENCE (IF NURS	ING HOME OF O		GIVE RESIDENCE E		134 INSIDE CITY LIM	AITS? 13	e.STREET ADDRESS	ZIP COI	DF.		
7	M	IARYLAND	V	-	BALT1		YES NO		1839 W. I			T. 2122	3
		THER'S NAME					15. MOTHER'S MAID	EN NAME					2
A	7	SAMUEL	Mi	DDLE	LIBER		BLANC	ינני	MIDDLE		PUG		
4	Ián W	AS DECEASED EVER	IN U.S. ARM	ED FORCES?		SECURITY NO.	17. INFORMANT	)IIE	ADDRE	SS	100	п	_
2		ES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)				T T T T	1000 11	T 03/FD	ADD CO	01000	
		YES	<u> WW</u>	II	212-2	20-9721_	HELEN LIE	SERTO	1839 W.	TOWR		21223	=
		PART I. DEATH W			line for (o), (b	ond ici.i			-		BETWEEN	MATE INTERVAL	<del>,</del>
Н			IMMEDIATE		casa	Prac	arre	SI			_ a	- 3mu	68
П		4210		DUE TO OF	R AS A CONSI	EQUENCE OF					ì		
		Conditions, if ony,	which	( jb)									
-1		gove rise to imm	nediote	0,	R AS A CONSI	EQUENCE OF							
		underlying cause		DUE 10, 01	K AS A CONSI	EOUENCE OF							
П	ŀ	PART 2 OTHER SIGN	JIEICANT CC	NULTIONS CO	NITRIBUTING	TO DEATH BUT	NOT PELATED TO TH	E TERMINI	AL DISEASE OR CON	DITION G	IVEN IN PART 10		=
П		TART 2 OTTICK SIGI	TILICANT CC	JADITIONS <u>CC</u>	JIVIKIDOTIIVO	TO DEATH DOT	NOT KETATED TO TH	IE TERMINA	AL DISEASE OR CON	DITION	TO THE TAKE THE	,	
/	CERTIFICATION	19a DATE OF OPERA	TION	19h CONDI	TION FOR WI	HICH OPERATION	N WAS PERFORMED	-	20a AUTOPSY?	T20h JE Y	ES, WERE FINDIN	IGS LISED	_
4	2	IN DATE OF OPERA	11014	176 CONDI	IIIOI41OK WI	HICH OFERATION	N WAS PERFORMED			IN CERT	TIFYING CAUSES	OF DEATH?	
	2			-			1		YES NOT		YES []	NO 🗌	_
A		OR CONTRIBUTING		216. TIME O	M. MONTH	DAY YEAR	ZIC HOW INJURY C	OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18	3 PART I OR PART 2}		
/	3	(IF EITHER NOTIFY MEDI		P./	M.	19							
	MEDICAL	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
	8	WHILE NOT WH	ILE RK	(AI HOME SIK	EET, FACTORY, OF	FICE, FARM, ETC.)	JINEE		1				
		22a.l certify that (I)		) attended the	e deceased fr	om 5/2	6 10	84	10 6/4		19 8 U	that (I) (we) lo	<u>_</u>
		sow the decease	ed alive on	614		011	d that in (my) (our) o	pinion dec	oth occurred on the d	ote and he	_		
-		obove, (I) (we) (c	(ton bib) (bib	view the body	ofter death.		DEGREE				22c. DATE		_
		DA	CI	10011	/		ATTEND	ING	MEDICAL STA	FF	1/1/	4/81	
		Kain	2.1	aup	urem	L			DIRECTOR PHYSIC		10/	1104	_
		22d PHYSICIAN'S NA					27e ADDRESS 20	0 HOS	PITAL DRI	VE, #	300		
		RANI S.	KARIP	INENI,	M.D.		GL	EN BU	RNIE, MAR	YLAND	21061		
		URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION		COUNTY	STATE	
	13	BURLAL		06-0	7-84	D	RUID RIDGE	2	PIKESVII	LE I	BALTIMOR		

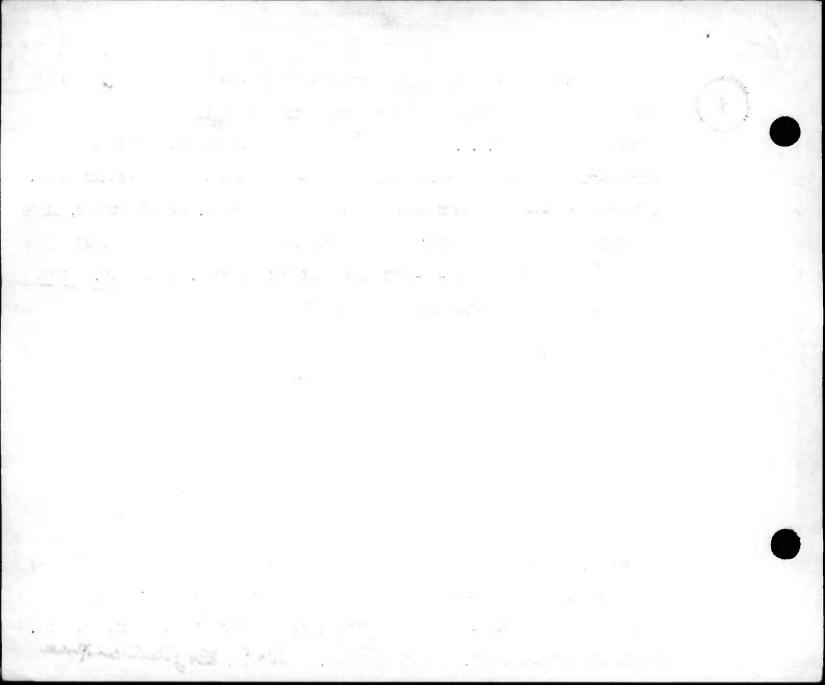
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IMPORTANT: If Hem 21 is morked or Item 18 shaws ony injury, or other troumotic event, 18

PARTIES AND PROBLEMS ADDRESS AND SAME ADDRESS AVE.

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O MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Fage 4 miserance by the haspital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completify filling in by the fundation filter, pager should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages I and 2 though be thed within 72 has a small should be detached for use as the burial Hygiene priar to burial, cremation, or removal.
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injury, ar other troumatic event, the medico

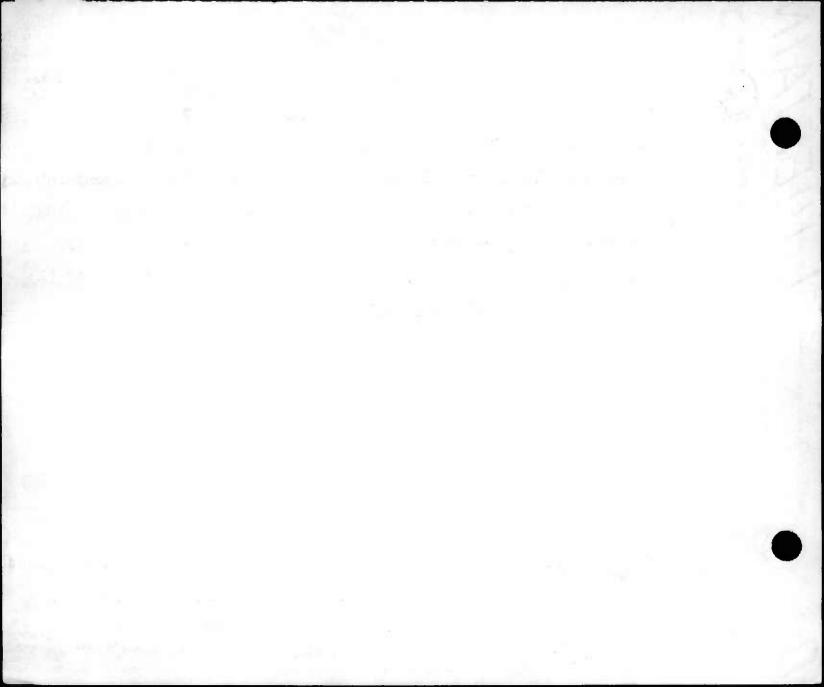
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ı	1 -	STATE REGISTRAR			DEL	CERTIF	ICATE OF I	EATH	RE	G. NO.				
1		CEASED NAME	FIRST	,	MIDDLE	l	AST		20 DATE OF DEA	H MONTH	DAY	YEAR	2h HOUR	_
ı	(III)		LICHAE	L	B	LOC	KHART			6	21	84	8:301	PM
1	3. SEX			4 RACE		S. DATE C			6. AGE (IN YEARS LA	ST BIRTHDAY)	IF L	INDER I YEAR	IF UNDER 24 H HOURS M	IRS
J	I	Male		White	2	Mar	ch 24	.1914		70 Y	RS.	DATS	HOURS M	IN.
1		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUN	TRY? 1	NEVER		9. BALTIMORE CI	Y OR COU	INTY OF	DEATH		_
Ц	Pe	ennsylva	nia	US	SA	WIDOWE		VORCED	Anne A	runde	<u> 1</u>			MD.
Z	10. CI1	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NU	JRSING HOME C	R OTHER INS	ITUTION	120 USUAL OCCU	PATION		126 KIND O	F BUSINESS	OR
4	Ar	nnapolis		Anne A	runde	1 Gene	ral H	ospita			NO (IFE)		psonD	air
3		L RESIDENCE (IF NUR	SING HOME OF		GIVE RESIDENCE		13d. INSIDE C	ITY I IAA ITS?	13e STREET ADDR	ESS / 7IP C	ODE			
/		aryland		Arun.		water	YES [	NO 🗌	3711 8			ie.	2103	37
7	14 FA	THER'S NAME		AIDDLE	1451			S MAIDEN NAM		46		LAS		_
ū		Michael		I	Lockha	rt	1	Mary	MIDI	Ď.			llv	
7		AS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMA	NI	A	DDRESS				
1	( Y	Yes	JIF YES, GIVE	WAR OR DATES)	577-1	2-9906	Mic	nael E	. Lockh	art	5	ame	as #1	L3
ł		18 CAUSE OF DEAT	H (Enter and	v one couse per	•								MATE INTERVAL ONSET AND DEA	IH.
		PART I. DEATH V	VAS CAUSEI	BY:	COKO	01	1 CER					7 0	IRP	
			IMMEDIAI	E CAUSE (0)								1		
		Conditions, if ony	which		r as a cons	EOUENCE OF								
	- 1	gove rise to im	mediote	) 16)—										
1	- 1	underlying couse		DUE TO, OR AS A CONSEQUENCE OF										
		PART 2 OTHER SIG	NIFICANTO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	NAI DISEASE OR	CONDITION	LGIVEN	IN PART 1/		_
1	Z			0.101110 <u>0</u>	J	<del>, 10 02</del>								
7	CERTIFICATION	19a DATE OF OPERA	NOON	196 COND	TION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	20b H	F YES, W	ERE FINDIN	IGS USED	
	E S								YES T NO	_	ERTIFYIN YES [	IG CAUSES □	OF DEATH?	
Н	SER	21a. ACCIDENT WAS UN	DERLYING				21c. HOW IN	JURY OCCURR	ED (ENTER NATURE O		-	I OR PART 2)		_
1		OR CONTRIBUTING				DAY YEAR								
1	MEDICAL	(IF EITHER NOTIFY MED 21d. INJURY OCCUR		21e. PLACE		19	211 LOCATIO	ON NC						
	¥	WHILE NOT W	THILE	(AT HOME STE	REET, FACTORY, OF	FFICE FARM, ETC )	STREET		CITY	ORTOWN		COUNTY	STATE	
		22a.l certify that (I		ol) attended th	e decensed fo	rom A 6	1/21	10 19	to S	eeth	19-		that (1) (we)	Inst
		sow the deceos	sed olive on.		6/21	771	id that in (my)	(our) opinion d	leoth occurred on	he date and				
		obove, (I) (we) (	did) (did not	view the body	ofter deoth.		DEGREE					22c. DATE	SIGNED	
		/1/	/19	#			man	TTENDING	MEDICAL	STAFF	7		00 3	001
4		22d. PHYSTCIAN'S N	AME LIVE OF	PRINT			22e ADDRES	PHYSICIAN Z	DIRECTOR   PI	IYSICIAN L		June	22,1	.904
		LAT	1 7	- 470	AV M	MD			rood Dd	70 00 00	-50	3	MA	
4		0.00	1 16		0 0 001				wood Rd		.apo	ııs,	Ma.	
	23a. B	URIAL, CREMATION	, REMOVAL	23b DATE 25Jun	e84	23c. NAME OF C		Cemete	23d LOCATION CITY OF TO	ĭtlan	٠ ا	PG	Mď	
						Cedal	пттт	Cemere	≠y bu	reran	a	PG	Ma	
	Z¶ FU	Robert Funer	t E. al Ho	Wilhel me	.m ADDE	Suit.	land,	MN 2.7	7 1984 REG		USI KA	Johan	J. C.	

DHMH - 16 50M 4/83 (VRA 15, 4)

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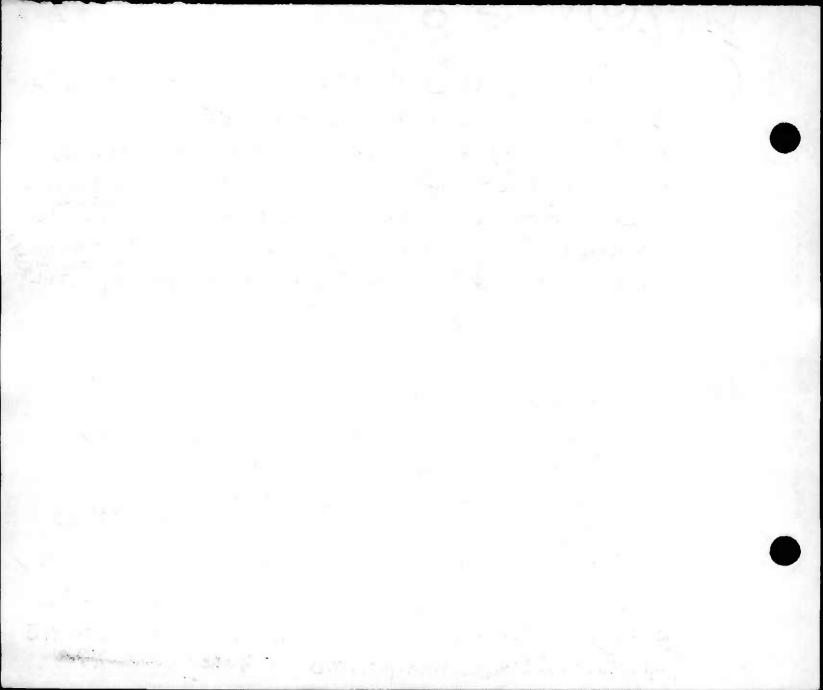
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STATE OF MARYLAND

1 1	FOR	DEI	PARTMENT OF H	EALTH AND MENTAL HYGI	ENE"		
1'	- STATE REGISTRAR		CERTIF	CATE OF DEATH	REG. NO	2	
1 DE	CEASED NAME FIRST	MIDDLE	L	/Si		MONTH DAY YEAR	26 HOUR
	ISABEL		MA	IATICO	a part of beau	6-11-84	1058 AM
3. SE	<b>y</b>	RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
F	emale (	Touchasta	n A LE	2. 11, 1898	85	YRS	TS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
IN	ew Jersey	1154	WIDOWE	, La rieren minime	Anna F	lahauntel	MD. MD.
10. C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, N	JURSING HOME O		120 USUAL OCCUPATI		D OF BUSINESS OR
A	nnapolis A	OPE Arun C		I street love	CTYPE OF WORK FOR MOST O	F WORKING LIFE) INDUST	Service
USU	IAL RESIDENCE (IF NURSING HOME OR OTI	HER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)			210 0005	032
130	STATE 136. COUNTY	TOWY	ald was	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE 2	6/2018
14. F/	ATHER'S NAME	11 1.10401	1341116	15 MOTHER'S MAIDEN NAM		A.C. T.CID.	CITCIC
20	Maria Shall	( - 1	11	Jessie	WIDDLE	Pat	LAST POS A TO
160	Marshall Was deceased ever in U.S. ARME		L SECURITY NO.	17. INFORMANT	ADDRE	55 23Arb	et s Dro
(	(YES, NO OR UNKNOWN) (IF YES, GIVE W	(AR OR DATES)	34-33990	Klassa	a.v.	Itan Kay	Wast El
		acecu.	V	Eleanor	.Ouch wa	APPI	OXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E	ane couse per line for (a), BY:	neumo	mia;		BETWE	EN ONSET AND DEATH
	MMEDIATE O	CAUSE (v)	icumo	ma			
-	9860	DUE TO, OR AS A CON	ISEQUENCE OF				
	Conditions, if any, which gave rise to immediate	(b)					
	couse (o), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF				
		(c)					
CERTIFICATION	CONGESTIVE		Huller	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN IN PART	Tio:
7 8	190 DATE OF OPERATION	196. CONDITION FOR Y	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS	
Ē			-		YES NO	YES 🗌 N	NO 🗆
1 8	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONT	H BAY YEAR	21¢ HOW INJURY OCCURRE	ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART	2)
¥	OR CONTRIBUTING CAUSE OF DEATH	P.M.	V/A 19	K/	4.		
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	-/A CITY OR TO	WN COUNTY	STATE
₹	AT WORK	(AT HOME, STREET ACTORY,	OFFICE FARM ETC )	1 - A	A	1	/
	22a I certify that (1) (this hospital	ottended the deceased	from5	129 1984		1/ 1987	, that (I) (we) los
	sow the deceased alive on	6-11		d that in (my)(our) opinion d	eoth occurred on the de	ate and hour and from	
	obove, (I) (we) (did) (did not) v 22b. SIGNATORE	new the body offer deoth.		DEGREE	-	22c DA	ATE SIGNED
	Thurs.	Walsh	M		MEDICAL STAI DIRECTOR PHYSIC	FE LIAN [	1/12/8-9
	22d, PHYSICIAN'S NAME (TYPE OR PE	RINT)		22e. ADDRESS	. /	21	012.
	Thomas (1	Jalsh M	10	269 Teninsi	la Farm	Rd Hrno	CIM B
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		3
1	Burial	June 14 1984	Cedo	er Green	Clauton	GLOUCES	ter NJ
-	UNERAL DIRECTOR				REC'D. BY REGISTRAR	ISh. REGISTRAR'S SIGN	NATURE
110	War Fineral	Charal 6	Dress no l	remil limb	40,4284	na Davidsino	Thank :

DHMH - 16 50M 4 (VRA 15, 4)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pagretained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 h with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

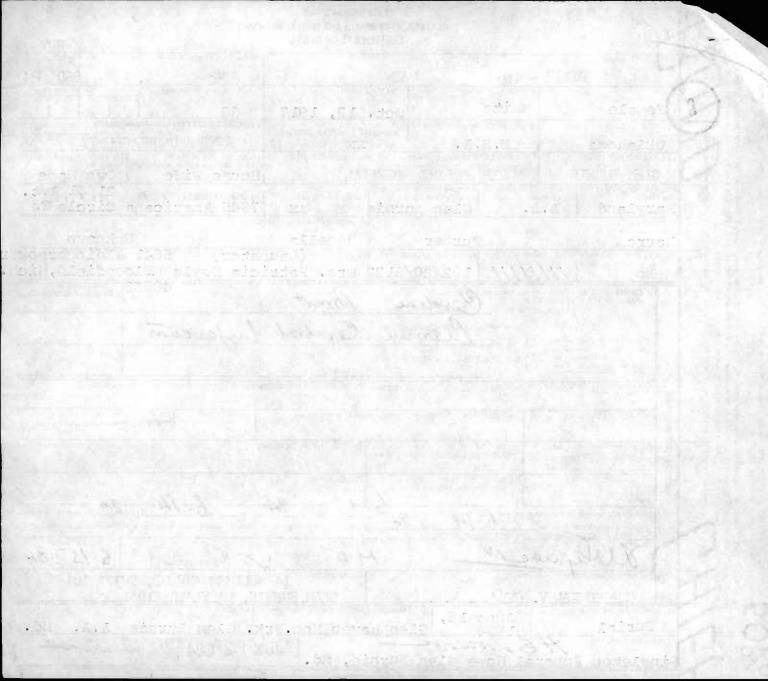
IMPORTANT: If Item 21 is marked at Item 18 shows ony injury, at other traumatic event, the

## STATE OF MARYLAND

1.	FOR STATE	DEPAR		ALTH AND MENTAL HYG CATE OF DEATH	SIENE) "			
	REGISTRAR				REG. N			EDT
	CEASED NAME FIRST	MIDDLE	LAS	51	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	DIXIE	Mae	MAIN		JUNE	14.	1984	550 PM
ASE.	X	4 RACE	5. DATE OF	BIRTH YEAR	& AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
E	'emale	White	Oct.	13, 1917	66	YRS		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	□ NEVER MARRIED □	9 BALTIMORE CITY C	OR COUNT	TY OF DEATH	
	klahoma	U.S.A.	WIDOWED		ANNE AF	RUNDE	L COUNT	Y MD.
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
	GLEN BURNIE	NOR'IH ARUNDEI	HOSPIT	'AL	House Wi			Home
USU.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CO	DE 210	61 Apt.
			Burnie		7845 Ame:	rica	na Cir	cle T3
14. F/	ATHER'S NAME			15. MOTHER'S MAIDEN NA	WE			
W=	arren	Turner		Rene 11a	MIDDLE		Unkno	wn
16a V	VAS DECEASED EVER IN U.S. AI		CURITY NO.	17 INFORMANT (Daug	ahter) ADDR	ES564		
(	NO (IF YES, GI	YE WAS OR DATES 102/2	0/6122					
=	777	only one cause per the for (a), (b),	1	1		480		XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:	and (Ch.)	Brest			BETWEEK	ONSET AND DEATH
	117 LIMMEDIA	ATE CAUSE (a)	,	,-,,	,			
	7377	DUE TO, OR AS A CONSEC	DUENCE OF	Cenebral	Infare	tions		
	Canditians, if any, which gave rise to immediate	(b) / CC		-0, ,	1100			
	cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF					
		(c)						
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT N	OT RELATED TO THE TERM	AIN AL DISEASE OR CON	IDITION G	EVEN IN PART 1	10
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
FIC					VEC CO NOCO	IN CERT	TIFYING CAUSE	
E	210. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY		21c. HOW INJURY OCCUR	PED (ENTER NATURE OF INH	1		140
	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	THE POST OCCOR	TED TENTER HATORE OF MAN	247 114 112111 11	0 7 441 7 0 4 7 741 7 7	
ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19	211 LOCATION				
MEDI	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TO	NWC	COUNTY	STATE
	AT WORK AT WORK		(	12. 84	6	16.	80	
		pital) attended the deceased fram	76 24	19 01		/ /	. 19	, that (I) (we) lost
	saw the deceased alive a above, (I) (we) I did n	nat) view the body after death.		I that in (my) (aur) apinion	death occurred on the o	late and h		
	775 SIGNATURE	a all	D	EGREE	MEDICAL STA		22c DAT	E SIGNED
	acregn	we so	~	1 PHYSICIAN	MEDICAL STA		9.1	12,04
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS 14	WELLHAM AVI	ENUE.	SUITE	101
	CHACKIMKAL, I	L CYRAIC, M.D.	VILLE S	GLEN BURN		,		
23a.	BURIAL, CREMATION, REMOVA	June 16, 23	NAME OF CE	METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial	1984 10,	len Ha	ven Mem.Pr	k. Glen I	Burn:	ie A.	363
24 F	UNERAL DIRECTOR	Bilmon		250 DA		R 25b. REGI	STRAR'S SIGNA	ATURE 1.00
Si	naleton Fune	ral Home Gler	Burni	ie. Md.	M 1 9 1984	رمانه.	Davidson-	

DHMH - 16 50M 4/83 (VRA 15, 4)

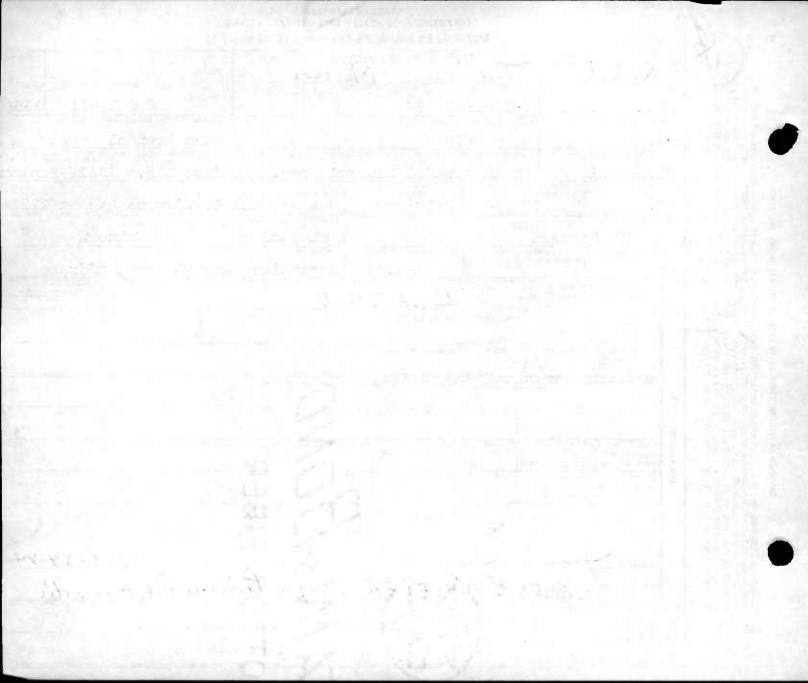
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(VR A)

	FOR - STATE	DEPARTMENT OF HEAL  MEDICAL EXAMINER'S		DEATH	5 1 0 9	
DI (T)	REGISTRAR DECEASED NAME NICHOL TYPE OR PRINT)		ari	20. DATE KNOWI OF ESTI- DEATH MATED		2b 1
1, 54 M	A RACE	MONTH DAY YEAR (AST BIRTHDAY) MO	UNDER 1 YR. IF UNDER 2	4 HRS. 2c. DATE	MONTH DAY YEAR	2d
7a E	Male Cau.  BIRTHPLACE (STATE OR FOREIGN COUNTRY)		RRIED A NEVER MARRIE	□□I	6-24-84 TY OR COUNTY OF DEATH	1
10 0	Id on burnio	11. NAME OF HOSPITAL, NURSING HOME, OR O		120. USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK 12b. KIND OF BU OR INDUSTE	SINE
USU Ida	Glenburnie  UAL RESIDENCE (IF INN II - AOMEO STATE  COUN	North Arundel Gene OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ATY  13c. CITY OR TOWN Baltimore		Produce B  13e STREET ADDRESS 611 S. Lin		mp 21
2/11/18	Md FATHER'S NAME Dominic Mascar	MIDDLE LAST	15. MOTHER'S MAIDEN Theresa		Wood Avenue Unknown	41
100	. WAS DECEASED EVER IN U.S. ARA		17. INFORMANT	ADDI		5
	PART I DEATH WAS CAUSE( IMMEDIAT  Conditions, if ony, which gove rise to immediate	TE CAUSE (o) HE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF	Tulc			
z			EASE OR CONDITION GIVEN IN PART	1 (0).		
FICATION	lying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR AS A CONSEQUENCE OF		1 (a).	20 AUTOPSY?	
CALCERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS  190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  19b. CONDITION FOR WHICH OPERATION  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c.			YES 🗆	? N(
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS  190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  19b. CONDITION FOR WHICH OPERATION  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	I WAS PERFORMED?		YES 🗆	
MEDICAL	Iying cause last.  PART 2 OTNER SIGNIFICANT CONDITIONS  190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT 210. INJURY OCCURRED WHILE NOT WHILE AT WORK  220. I certify that I taak charg death resulted from: Notur  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	DUE TO, OR AS A CONSEQUENCE OF  (c)  (DITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  19b. CONDITION FOR WHICH OPERATION  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  21f. To ge of the remains described above, held an Autoral causes Accident . Suicide  ES ENHEEL S. Suicide	HOW INJURY OCCURRED  LOCATION STREE!  topsy	CITY OR TOWN  Inquiry  Undetermined manner  MEDICAL EXAMINER	YES YES WISPART LOR PART 2)	N
WEDICAL BE	PART 2 OTNER SIGNIFICANT CONDITIONS  190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR WHILE AT WORK AT WORK  220. I certify that I taak charg death resulted from: Natur  ACTUAL SIGNATURE  EXAMINER'S NAME (SPECIFY) BURIAL, CREMATION, REMOVAL 2  BURIAL, CREMATION, REMOVAL 2  BURIAL, CREMATION, REMOVAL 2	DUE TO, OR AS A CONSEQUENCE OF  (c)  (DITRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISC  19b. CONDITION FOR WHICH OPERATION  21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19  21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  ge of the remains described above, held an Autorol causes Accident . Suicide  ES EMPLEER	HOW INJURY OCCURRED  LOCATION STREET  TOPSY Inspection  Homicide Inspection  TITLE SPECIFY)  M.D.  ADDRESS 9 10	CITY OR TOWN  Inquiry  Undetermined manner  MEDICAL EXAMINER  123d. LOCATION  Balto.	COUNTY  and in my opinion  DATE SIGNED 6 - 27	N



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IYSIC	ding	s cer burio	Ment
0	offen	er th	puo
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PITAL	by t	ERAL e det	Stote
O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be	etoined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral different pages should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages 1 and 2 should be filled within 27 had in a should be filled within 27 had a should be should be should be filled within 27 had a should be should be filled within 27 had a should be sh	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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or other froumotic

MPORTANT: If Hem 21 is

STATE OF MARYLAND FOR - STATE REGISTRAR

FOR 1 - STATE		DEPA	RTMENT OF HEALTH AND MENTAL HY	SIENE S	3	
REGISTRAR			CERTIFICATE OF DEATH	REG, NO.		EDT
I. DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	CHARL	ES A.	MCGINNISS	JUNE 18	1984	1133 PA
1.5EX		4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Male		White	Sept. 1, DAY 1923 EAR	60 YRS	MONTHS DATS	HOURS MIN.
	OR FOREIGN	76. CITIZEN OF WHAT COUNT		9. BALTIMORE CITY OR COUNTY	OF DEATH	
COUNTRY Md.		USA	WIDOWED DIVORCED	ANNE ARUNDE	L COUNT	YMD
10 CITY OR TOWN OF	DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
GLEN BUR	RNIE /	NORTH ARUND		Truck driver	Jani	tation
USUAL RESIDENCE (IF	NURSING HILLE OR	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	• FI AND THE PARTY OF THE PARTY		

	H ARUNDEL HOSP	ITAL	Truck driver	Sanitation
USUAL RESIDÊNCE (IF NURSING HEAR OR OTHER INSTITUTION 130 STATE OUNTY	131. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES A NO []	13. STREET ADDRESS / ZIP	Street 21231
Andrew MIDDLE	McGinniss	Jrances	AME MIDDLE	Williams
160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YEARNOOR UNKNOWN)  (IFYES CIVE WAR OR DATES)		Emmes A. McG	inniss 323 S. (	astle Street
18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)_	er line for 101/161, and 101			APPROXIMATE INTERVA BETWEEN ONSET AND DE

	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which (h)	
	gove rise to immediate couse (a), stating the underlying couse last  (b)  DUE TO, OR AS A CONSEQUENCE OF	
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 11a

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
			YES NO	YES [	NO [
OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19 21e. PLACE OF INJURY	21f LOCATION			
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE FARM ETC.)	STREET	CITY OR TO	wn COUNTY	STATE
220.1 certify that (1) (this hospital)	attended the deceased from		_, to	, 19	, that (It (we) la

-	220.1 certify that (1) (this hospital) atte	nded the deceased Irom		, to		_, that (I) (we) I
	saw the deceased alive on above, (1) (we) (did) (did not) view th	ne body after death	nd that in (my) (our) opin	nion death occurred on the date	and hour and from	the causes stated
		77				44 A.M. IF B

226. SIGNATURE MEDICAL STAFF DIRECTOR PHYSICIAN ATTENDING

PHYSICIAN

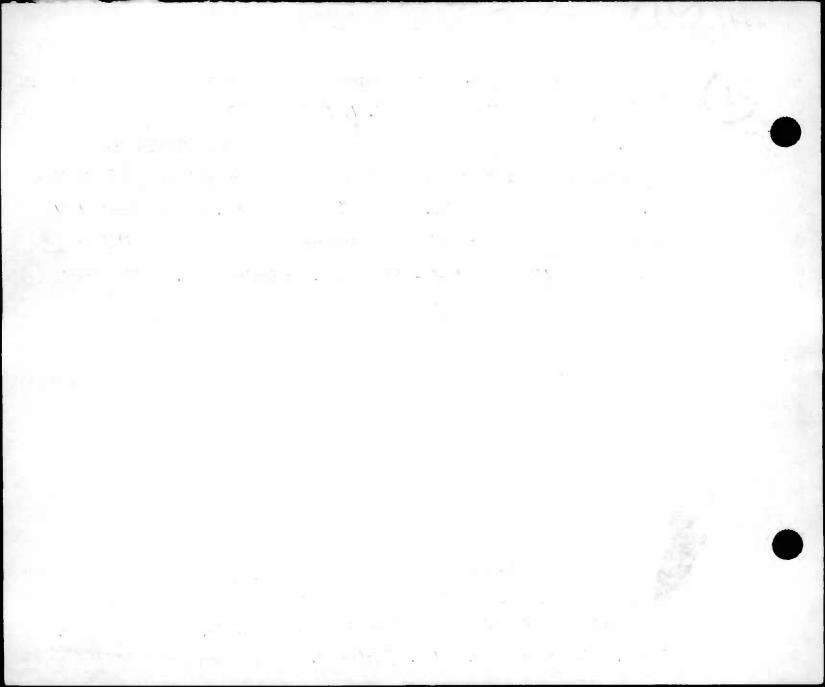
7845 OAKWOOD ROAD #200

MARC A. KAPLAN, M.D. GLEN BURNIE, MARYLAND 21061

236 DATE 6-22-84 23c. NAME OF CEMETERY OR CREMATORY 230 BU., AL, CREMATION, REMOVAL Burial Oak Lawn Cemetery

14 FUNERAL DIRECTOR for Meber & Sons Inc. 40755. Chester St.

DHMH - 16 50M 4/83 (VRA 15, 4)



Ü	d	7	
K			

completely filled in by the

## STATE OF MARYLAND

McNie1

160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO.

TMENT OF HEALTH	AND	MENTAL	HYGIENES
CEPTIFICATE	OF	DEATH	

FOR STATE REGISTRAR	DEPARTN	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3	
1 DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
WALTER	C.	MCNIEL	6	28 84	_
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOLAY)	IF UNDER ! YEAR	IF UNDER 24 HRS
Male	White	11 DAY 19 YEAR 12	71 YRS	MONTHS DAYS	HOURS MIN:
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH	
Michigan	U.S.	WIDOWED DIVORCED	Anne Arundel	County	ME
10. CITY OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR
Arnold	318 Rugby Cove	Rd.	Office	Ste	el
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b CO			13. STREET ADDRESS 218 Rugby	Cove Ro	1. 21012
14 FATHER'S NAME		IS MOTHER'S MAIDEN NA			

NO ONKNOWN)	(IF YES, GIVE WAR OR DATES)	218-01-4933	Mrs. Meriam McNiel	- Same as	#13.
18 CAUSE OF DEAT PART I. DEATH V	TH Enter only one couse pe VAS CAUSED BY: IMMEDIATE CAUSE (o)	Moleguent	Mesotaleoma		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
6 19 9		R AS A CONSEQUENCE OF			
Canditians, if ony gave rise to im couse (a), stati	mediate ng the DUE TO, C	r as a consequence of			

Katharine

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			10b. IF YES, WERE FIND! IN CERTIFYING CAUSES	OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21t. HOW INJURY OCCURRE	YES NO	YES	NO [
21d INJURY OCCURRED	THE PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM STC.)	TH LOCATION	CITY OF TOW	VN COUNTY	STAT

22s.f certify that (1)	ns haspital) attended the day	equed from	19 0	10 6/26.191	, tha (1) we) lost
saw the deceased obover (I) well (did	also la G	death ond that	ny (my) our) apinion death	occurred an the date and haur an	id from the causes stated
22% SIGNATURE		DEGREE			22c DATE SIGNED

22e. ADDRESS

ATTENDING	MEDICAL _	STAFF
PHYSICIAN	DIRECTOR .	PHYSICIAN [

ICAL STAFF	70/84

230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEM

6/28/84

23c. NAME OF CEMETERY OR CREMATORY

236 LOCATION

MIDDLE

ADDRESS

STATE COUNTY

STATE

24 FUNERAL DIRECTOR

Walter

Anatomy Board

Remova 1

ADDRESS Balto., 250. DATE REC'D. BY REGISTRAR JUL 1 1 1984

256 REGISTRAR'S SIGNATURE Julia Davidson-Randalle

Carter

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and coshould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN. The law

HOSPITAL

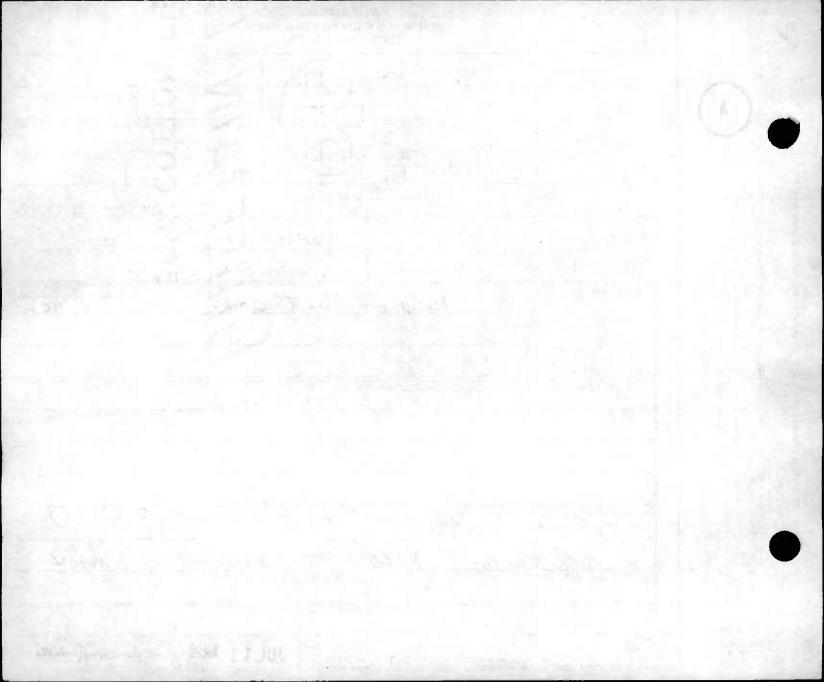
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etained by the hospital or attending physician.

njury, ar ather traumatic

MPORTANT: If Item 21 is morked or Item

MEDICAL CERTIFICATION



1.5	2
(3)	13)
4 90	ector irs ofte
24 hours after death. Page 4	iled in by the funeral director old be filed with a 72 hours of
s offer o	by the fu
24 hou	lled in

and 2 sho

WEORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MAKTLAND	
PEPARTMENT OF HEALTH AND MENTAL H	YGIENE
CERTIFICATE OF DEATH	

1.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH			15	1 2
1. DE		IRST	MIDDLE	t.	AST #	70	REG. NO		EAR 2b HOUR
	OP PRINT		A M	ENGE	C		JUNE	05, 19	
3. SE	x Male	4. RACE Wh	te	5. DATE C	у 17, 1948		AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
7a. B	IRTHPLACE ISTATE OR FORE COMPTRY) Maryland	7b. CITIZEN OF U.S.A.	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIE	ם רו ם	ANNE A	_	JNTY MD.
10 C	GLEN BURNIE	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET AT ARUNDEL	DDRESS1	OR OTHER INSTITUTION	N 12a	USUAL OCCUPATION PER PER WORK FOR MOST OF BOLLENMO	ON 12b. K WORKING LIFE INDU	ind of Business or USTRY #193
13916	STATE	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE A 130 CITY OR JOWN		13d. INSIDE CITY LIM YES NOX	1 4 7	STREET ADDRESS	Prive Pase	21122 adena, Md.
) F	Andrew	MIDDLE W.	Menge	en	15. MOTHER'S MAID! Mildred	EN NAME	S. MIDDIKU	chauskas	IAST
16a \	WAS DECEASED EVER IN I	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	214-38-56		Mrs. Boni	ta M.	Menger 10	isadena,	nd. 21122 Onive
z	Canditions, if any, will gave rise to immed cause (o), stating	hich iote the last. $(b)$ DUE TO, O	R AS A CONSEQUENT R AS A CONSEQUENT RIBUTING TO DE	NCE OF	Cancer- Univers	E	tustatic l' n la ligan	DITION GIVEN IN P.	I marth
CERTIFICATION	19a DATE OF OPERATION	N 196 COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED		200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO
MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (1F EITHER NOTHY MEDICAL EXTENDED OF THE NOTIFY MEDICAL EXTENDED OF THE NOTI	EXAMINER) HOUR A.	M. MONTH DA' M. OFINJURY	19	211 LOCATION	CCURRED	ENTER NATURE OF INJU		
¥	WHILE AT WORK NOT WHILE AT WORK		REET, FACTORY, OFFICE, FAI	RM, ETC )	STREET	N	(117 0 10		
	22a t certify that (1) (this saw the deceased above, (1) the (did)	alive on 6 L	19_2	- (	DEGREE ATTEND		th accurred on the de	226.	m the causes stated
	12st PHYSICIAN S NAME	TIVE OF PERM	vary r	7	PHYSIC 27e ADDRESS	IAN D	IRECTOR PHYSIC	IAN [	106/07
	ELLIOTT	GORBATY M	D		/8	HO BU	KWOOD ROA	VI.AND. 21	061
	BURIAL, CREMATION, REA (SPECIFY) ( renation	MOVAL 23b, DATE	7,1984 Sec	AME OF C	EMETERY OR CREMA		23d LOCATION CITY OF TOWN  atonsvi	, Balta	o. Maniftan
	UNERAL DIRECTOR MOUNTain	a Culty Fau	sadera, som	2.0 21	0 1 /		C'D. BY REGISTRAR	236 REGISTRAR'S S	IGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4)

And the state of t

20M 4/82

STATE OF MARYLAND

Survessee USA ANUMINI GAMARA MOSFITAL Superintendent Nounty

Neryland Ame Arundel Odenton x 1533 Meyers Station Mosd 21113

Jacob Meyer Bertna Meyer

1414 Meyers Station Foad

Deriel Joyle Joyle State Sutheren Ch. Dowle, Frince George's, ND Louis Louis Louis Road

Bould Functal Rome Fowle, Naryland 20(1)

		p		
	/	' :	-	
	6			}
1	7	_	-	

mpletely filled in by the ond 2 should be filed

r use as the buriol-transit permit. Then please remave carbonpape Health and Mental Hygiene prior to buriol, cremation, or remaval.

After this certificate has been

or ather

CERTIFICATIO

MEDICAL

## STATE OF MARYLAND

44	5	1	1

41

1 - STATE REGISTRAR			DEPARTM	CERTIFIC		MENTAL HYG DEATH	IENE &	REG. I	NO.	2	1		•
I. DECEASED NAME	EIRST	1	AIDDLE	LAS	T		20 DATE C	F DEATH	MONTH	DAY	YEAR	2h HOU	R
(TYPE OR PRINT)	EDNA	I	I.	MI	LKE				06	04	84	4:45	5P M
3. SEX		4 RACE		5. DATE OF	BIRTH		6 AGE (IN	YEARS LAST B	SRTHDAY)	-	DER TYEAR	IF UNDER	-
FEMALE		WHI	E	1700m 80	11	1898		8.	5 YRS	MONTH	DAYS	HOURS	MIN.
70 BIRTHPLACE (STATE C	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	☐ NEVER	MARRIED	9 BALTIM	ORE CITY	OR COUN	TY OF C	EATH		
MARYLAND		U.S.	Α.	WIDOWED		IVORCED [	ANN	IE AR	UNDEL				MD
10 CITY OR TOWN OF D	EATH		OSPITAL, NURSING HEACILITY, GIVE STREET A		OTHER INS	MOITUTION	120 USUAL		TION OF WORKING		b. KIND O IDUSTRY	F BUSINE	SSOR
ANNAPOLIS		BAY MA	NOR NURS:	ING HO	ME		HOME	EMAKE	R –			-	
USUAL RESIDENCE (# NI	13h COU	NTY	GIVE RESIDENCE BEFORE	V 11		CITY LIMITS?	13e.STREET						
MARYLAND	A.A		ANNA POL	IS [	YES [	ио ₹	509	REVE	LL HI	GHW A	Y, 2	<u> 1401</u>	
14. FATHER'S NAME				1	IS MOTHER	'S MAIDEN NA	ME						
JOHN		WIDDLE	HOF FMA	N		MARGARE	T	MIDDLE			UNKN		
IAn WAS DECEASED EVI	FR IN U.S. AI	RMED FORCES?	16h SOCIAL SECUE	RITY NO	17 INFORM	ANT		ADD	RESS				

	(ES NO OR UNKNOWN)	(IE YES, GIVE WAR OR DATES)							
	NO	(RE 163, ONE WAR OR DATES)	212-07-1212	MARGARET	GEISLER	8145	HIGH	POINT ROA	D, 2122
		H (Enter only one couse per 'AS CAUSED BY: IMMEDIATE CAUSE (a)		ARRES	5			APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
	4360 Conditions, if ony,	DUE TO, O	R AS A CONSEQUENCE OF	VAREUL	-AR	Ace	DBN	,	
-	gove rise to imm cause (01, stating underlying cause	g the DUETO, O	R AS A CONSEQUENCE OF						
z	PART 2 OTHER SIGN	NIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DIS	EASE OR CO	ONDITION C	GIVEN IN PART 110	

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DAY YEAR HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STATE CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE

and that in (my) (aur) apinion deoth accurred an the date and have and from the causes stated did not? view the body after death 22 DATE SIGNED DEGREE

27e ADDRESS

STAFF

MEDICAL

CHACKUMKAL V. CYRIAC. 14 WELLHAM AVENUE; GLEN BURNIE
ETERY OR CREMATORY 73d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY CITY OF YOWN (SPECIFY)

LOUDON PARK BURIAL 06-07-84 24 FUNERAL DIRECTOR 21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

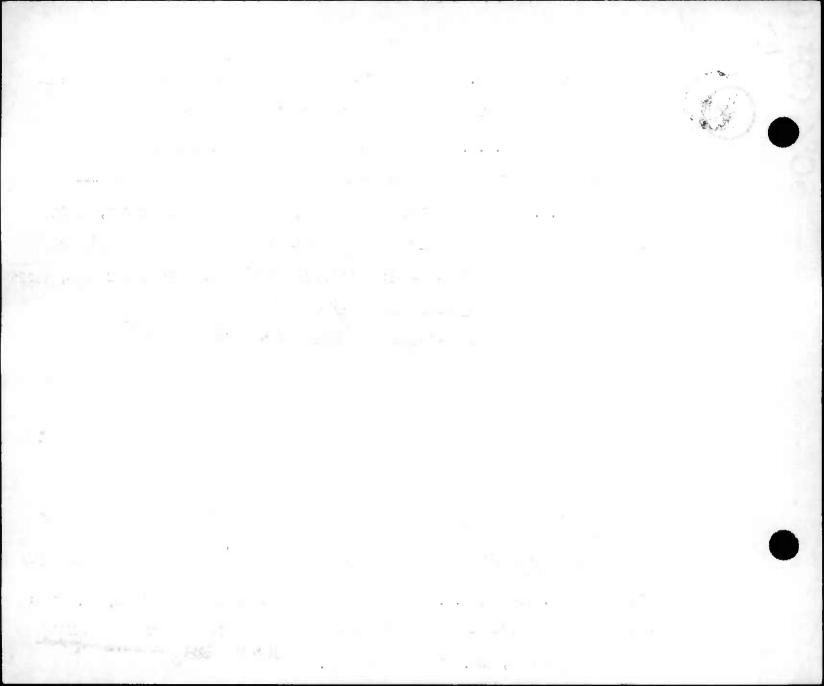
DHMH - 16 50M 4/83 (VRA 15, 4)

HOSPITAL

TO FUNERAL DIRECTOR. A should be detached for use with the State Dept of Hea MPORTANT: If Item 21 is

ATTENDING PHYSICIAN

BALTIMORE CITY

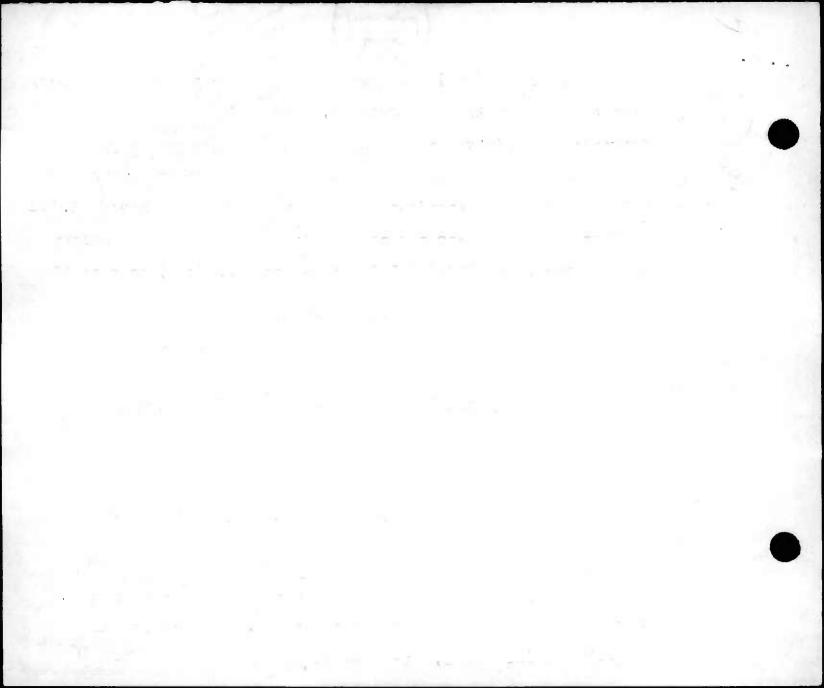


requires that the death certificate be executed within 24 hours with

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or otherwing physician.

DHMH - 16 50M

12		1-	FOR STATE REGISTRAR			DEPA	RTMENT	OF HEA	F MARYLAND LITH AND MENTAL HYG ATE OF DEATH		NO.	5	EDT
^			CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DEAT	MONTH D	AY YEAR	26 HOUR
e 3		LITPE	ORPRINT	BERTI	ΑF	(nmn)	M	OOR	E	JUNE 7	, 1984		12:15P M
	\	3. SE		1	RACE			TE OF		6 AGE (IN YEARS LAS		ONTHS DAYS	
( A	1	1	female		whi			uly	10, 1909	74	YRS		
1	95	7a Bi	RTHPLACE ISTATE OR COUNTRY!	a	Lit]	what count nuania	WIDO	OWED	NEVER MARRIED	9 BALTIMORE CIT ANNE	ARUNDEI		TY MD.
1 1	THE PERSON NAMED IN	V	ITY OR TOWN OF DEA GLEN BURNI		(IF NOT IN SUC	HOSPITAL, NU THE ARUN	TREET ADDRESS	1	OTHER INSTITUTION  TTAL	120. USUAL OCCUP 11YPE OF WORK FOR MO			of Business or home
filled in hould be	35	13a S	AL RESIDENCE (IF NURS	136 COUN	THER INSTITUTION Y	130 Pasa		13	153 🔲 140 🖂	<u> </u>	e i i cont	aven l	Rd. 21122
completel	The sale	14 FA	Andrus		IDDLE	Raďk	aucka		o Mother's Maiden Nav Otia	ME	£	Ko'	<b>I</b> sky
Poges 1	medicot		VAS DECEASED EVER YES, NON ONKNOWN)		NED FORCES?	166 SOCIAL S 218/5	8/97	o. 19	John Moor		on) sa	ame as	s 13
d by the ottending physic lease remove corbonpape iol, cremation, or remayal.	or other troumotic event, the		18 CAUSE OF DEAT PART I. DEATH W  2500  Canditions, if any, gave rise to imm cause (o1, statir underlying cause	AS CAUSED  1MMEDIATE  , which mediate ng the	DUE TO, O	RAS A CONSE	pulm EQUENCE C mell	itus	b /	otic card	ovesoul		XXMATE INTERVAL  N OMSEL AND DEATH
ion Les been signed it permit Then pli	Joes am injury. o	CERTIFICATION	PART 2 OTHER SIGI	POS	itire	Depsi	5, U	Y NOIT	OT RELATED TO THE TERM  WAS PERFORMED	1 Nection 200 AUTOPSY?  YES NO	20b IF YES, IN CERTIFY YES	M C S WERE FIND VING CAUSE	
physic milkon al from ntol Hyg	=9		210 ACCIDENT WAS UNI	CAUSE OF DEAT	71	FINJURY .M. MONTH .M.		AR	PIC HOW INJURY OCCURE	RED (ENTER NATURE OF	NJURY IN LIEM 18 PA	RT ( OR PART 2)	
attending the burn	fixed or #	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY, OF		2	If LOCATION STREET	CITY C	RIOWN	COUNTY	SPATE
signification or expense of for use of the call	21 it ma		220 I certify that (I) saw the deceas above, (I) (we) (	ed alive an_	UNE	7	om M	, and	that in (my) (aur) apinian o	to JVNE death occurred on th	e date and haur		
RAL DIRE detache detache note Dep	ž.—		22b SIGNATURE	Ya.	Kax	an l		N		MEDICAL DIRECTOR PH		6/2	E SIGNED
formed to TO FUNE Novid by	A CRIT		JRA	KAS	LAN	m	٥		GLEN	OAKWOOD R BURNIE, M			
BP	7	230	Burial, Cremation, Burial	REMOVAL	9 Jur				aven Mem P				MD
MH - 16 50M 4 (VRA 15, 4)	1/83	24 F	ingletor	r. P. Gr	Un eral	Home,	Gler	ı B	urnie, MD	REC'D. BY REGISTI	AR 2512 REGIST	APSISISM	Harpen



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the executed within 24 hours after death. Page 4 retained by the hospital or attending physician.	Pogs 4
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and compilerary tilled in by the funeral director should be detached for use as the burint training permit. Then please remove corbon paper. Pages 1 and 2 though be filled within 72 hours of with the State Dept. of Health and Meirel Hydrene prior to buriol, cremation, or removal.	d director
[MPORTANT: If Item 2] is marked or limit 18 shows any injury, or other troumatic event, the Fredical Particle from the first and the first increase of the	25

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MEN
- STATE	
REGISTRAR	CERTIFICATE OF DEAT

		IF OF W			- 93	
PARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
				DEATH		

- ST/	ATE GISTRAR				CERTIF	ICATE OF	DEATH		REG.	. NO.		EDT
1. DECEAS	SED NAME	FIRST		WIODLE	i	AST		20 DA	TE OF DEATH	MONTH D	AY YEAR	26 HOUR
		JOHN	K	IRK	MU	RPHY,	SR.		JUNE 29	, 1984		9:45
3. SEX			4 RACE		5 DATE C	OF BIRTH	YEAR -	6 AGE	(IN YEARS LAST		IF UNDER TYEAR	HOURS A
1	Male		White	2	Aug	ust 13	, 1928	}	55	YRS		
7a BIRTHE	PLACE (STAT	E OR FOREIGN		WHAT COUNTRY	? I MARRIE	D NEVER	MARRIED	9 BAL	TIMORE CITY	OR COUNTY	OF DEATH	
mo				S.A.	WIDOWE	D [	OVORCED [		NNE ARU	UNDEL CO	YTNUC	
10 CITY O	OR TOWN OF	DEATH		HOSPITAL, NURSI		OR OTHER IN	STITUTION		SUAL OCCUPA	ATION STOFWORKING LIFE		OF BUSINESS
2	BURNI		NORT	H ARUNDE	L HOSP	ITAL			xairman		yen.M	otors
USUAL RE	Ε,	113b COL		GIVE RESIDENCE BEFORE 134 CITY OR TOVE Pasader	WN	136 INSIDE	CITY LIMITS?	13:57	REET ADDRES	S ZIP CODE	1122	
14. FATHE	R'S NAME		MIDOLE	1457		15. MOTHER	S MAIDEN					
	Kink		WIDOR	Murphy	4	8	mma.		Loui		Wes	t
160. WAS	DECEASED E		RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORM	ANT	C A	ADI	DRESS		
"4	O OR UNKNOW!	Wa	ye war or oates)	217-24-9	9842	Mrs.	Lois	E. 11	urphy	same a	s 13	
18.0	CAUSE OF D	FATH (Enter o	nly one couse per	line for (o), (b), o	ndichi						APPROX	ONSET AND DE
	PAKI I. DEA I	H WAS CAUS	ED BY: TE CAUSE (0)	Conf	exto	C C	Res	222	(De)	une		
			DUE TO, O	R AS A CONSEQU	JENCE OF				0			
	nditions, if		( (b)									
co	ove rise to use (0), s	toting the	DUE TO, O	r as a consequ	JENCE OF							
un	derlying c	ause lost	(c)									
	RT 2 OTHER	SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TE	RMINAL D	ISEASE OR CO	ONDITION GIVE	EN IN PART 1	0
CERTIFICATION 130												
Y 190	DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	H OPERATIO	N WAS PERF	ORMED	200	AUTOPSY?		, WERE FINDI	
<b>#</b>								YES			5 🗍	NO 🗌
0.0	ACCIDENT WA	S UNOERLYING CAUSE OF D	216. TIME O	FINJURY M. MONTH D	DAY YEAR	21c. HOW I	NJURY OCC	URRED (E	STER NATURE OF IT	NJURY IN ITEM 18 PA	RT I OR PART 2)	
CAL		MEDICAL EXAMIN		M.	19							
#	INJURY OC		21e PLACE	OF INJURY	FARM ETC )	21f LOCAT			CHY OF	FOWN	(Queste	STATI
997	ORK A	T WORK		4			1	210		28	Pla	
22 a.			ital) attended th	e deceased from.	Die h	ne 2	10.0	10	2-	-	004	that (y (we)
	obove (1) (v	ceased olive o	of yew the body	after death.	04.01	nd that in (%)	(L(our) opinio	on deoth o	ccurred on the	dote and hour	ond from the	couses stated
22 b.	SIGNATURE	3	1/	-0-	1	DEGREE					22c DATE	SIGNED
	(	/		000	الد سي	3	PHYSICIAN		CTOR PHY	SICIAN []	Tw	ne 27,
22 d	PHYSICIA	S. NAME THE	OR PRINT)	^		22e ADDRE	SS 7845	OAKV	VOOD RC	AD #204	3	
	CHAR	LES J.	WU, M.D.	•			GLEN			RYLAND		
230 BURIA	AL, CREMATI	on, remova	236 DATE	23c.		EMETERY OF		Y 23d	LOCATION CITY OR TOWN			
B	urial		July2.	1984 91	en Hav	ven Mer	n. Pank	G		nni a Any	ne Anu	ndal STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

Mc Cully F.H. 3204 Mountain Rd. Pasadena, Md.

250. DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE

# 50

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

		REGISTRAR	CERTIFICATE OF DEA	ATH REG. NO.	
		1. DECEASED NAME FIRST	MIDDLE LAST	26. DATE OF DEATH MONTH DAY YEAR 26 HOUR	
		(TYPE OR PRINT)	monia Harrison Murray	10 9 84 430	M
		3. SEX	4 RACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 H	
)		Female	Caucasian May 30,18	889 95 YRS. MONINS M	114.
ej.	1	M. BIRTHPLACE (STATE OR FOREIGN		9 BALTIMORE CITY OR COUNTY OF DEATH	
of on	35	Maryland	11 SA WIDOWED DIVOR		MD.
		10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU	ITION 170 USUAL OCCUPATION 126 KIND OF BOSINESS ( (1) YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	OR
hotelied	25	Honapolis	Hone Arundel General Hosp	ital Homemaker Home	
pe			AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY 13d INSIDE CITY I	LIMITS? 130 STREET ADDRESS / ZIP CODE 1 20116	
Solice Park	5	MD F	A Harwood YES NO		4
9 9		14. FATHER'S NAME FIRST	MIDDLE LAST 15. MOTHER'S MA		
0	1	James (		ionia Harrison	
medical	1	168 WAS DECEASED EVER IN U.S (YEE HO OR UNKNOWN) (IF YE	. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT	ADDRESS Same as	
E	1	NO	- DI4-05-28551Harris		
yol.	.	18 CAUSE OF DEATH (Entre PART I. DEATH WAS CA	er anly ane cause per line	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEA	TH
ever ever			DIATE CAUSE (a)	Saay	7
no to		4140	DUE TO, PRASTA JONSEQUENCE OF	7.	
ptial		Conditions, if any, which		eon years	_
, crem		cause (a), stating the underlying cause last		heart disease Wear	
riol,		DADI 2. OTHER SIGNIFICA	ALT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	_
to bu			17 x 1 11 19 ha	THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIE	
orior Sny ir	_	I 100 DATE OF OVERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORME	ED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED	_
ene pows	1	190 DATE OF PRATION  1710. ACCIDENT WAS UNDERLYING	No operates	YES NO	
Hygin 8	0	710. ACCIDENT WAS UNDERLYING		RY OCCURRED (ENTER MATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
e e	7	OR CONTRIBUTING -CAUSE C	DEATH	NO injures	
d Me	1	OR CONTRIBUTING DECAUSE OF CONTRIBUTION DECAUSE OF CONTRIBUTION DECAUSE OF CON	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)  211 LOCATION STREET	CITY ORTOWN COUNTY STATE	
h and		WHILE NOT WHILE AT WORK	(A. Home Sheet, Factory Office, Factory)	16 Aug a St.	
though the same		278.1 certify that (II) this I	114174	19 0 , to 1000 19 , that (I (we)	ost
2 0 5	6	saw the deceased aliv above, (I) (we) (did) (di	G Right Vision Title English Street Govern.	or) apinion death actured on the date and how and from the causes stated	_
Dep.		27h SIGNATURE	HILLA LA DEL DEGREE ATTE	ENDING MEDICAL STAFF	1
1 5		1 (11)	COUNTY PHY	SICIAN DIRECTOR PHYSICIAN   6/9/0	Z
RTA S	1	Mharloc	The Address	the wall	
WPORT	1	CIMITES	U.WIVIN MI)	omien pra	_
		23a BURIAL, CREMATION, REMO		CITY OR TOWN	
		Dana	June 1/1984 Christ Chu	1250 DATE REC'D. BY REGISTRARI256 REGISTRAR'S SIGNATURE	7
OM 4/8	3	24 FUNERAL DIRECTOR	1 OL LADDED L- MIN	HIN A	
4)		laylor lune	nal Chapel-Honapolis-IIID	JUN 1 4 1984   Maridan Boodest	-

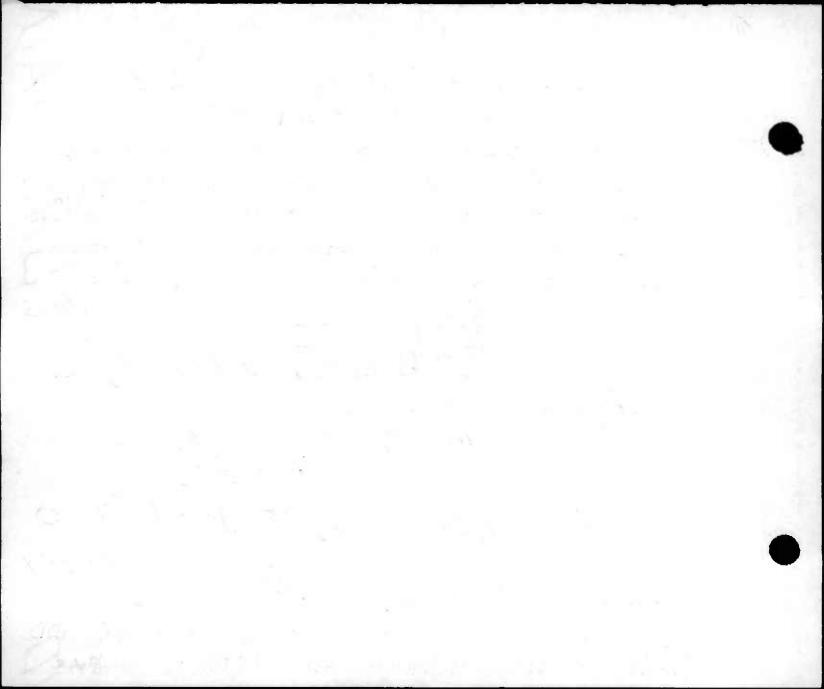
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

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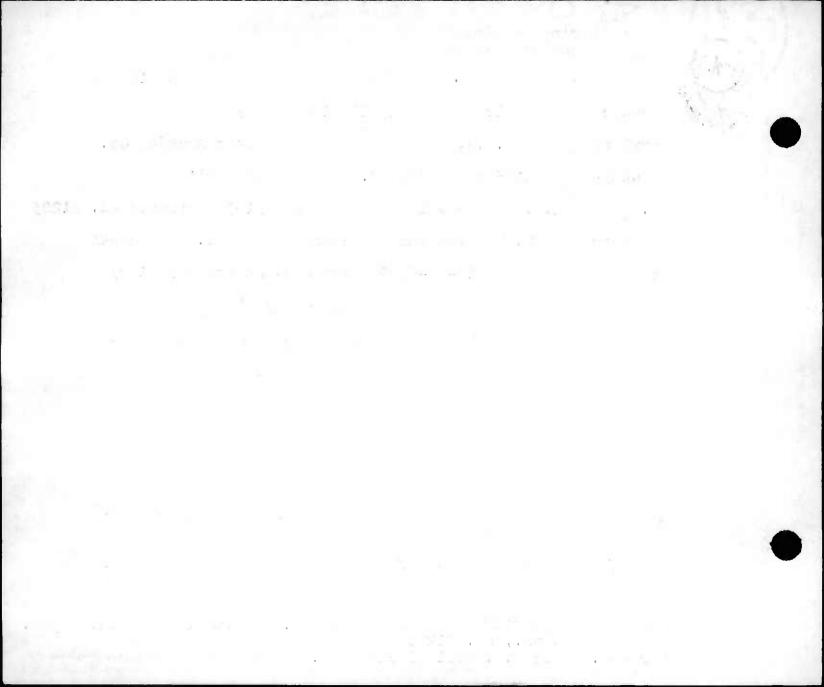
(VRA 15, 4)

AKA

		REGISTRAR Kat	FIRST	10 00	MIDDLE	- L	AST	20. DATE OF DEATH	MONTH	OAY	YE AR	26. HOUR
' )	(TYPE	OR PRINT)	ATHER	INE	E.	MUSTA	CHIO		6	10	84	
	3. SE:			RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)		ER 1 YEAR	IF UNDER 24 HI
		Female		Whit	e	2	25 1908	76	YRS	MONTHS	DAYS	HOURS MI
		RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY	8.	NEVER MARRIED	9 BALTIMORE CITY			EATH	
35		aryland		U.S	.A.	WIDOWE		Anne Ar	unde	1 C	0.	
_		TY OR TOWN OF DEA	ATH 1	1. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	121	KIND OF	BUSINESS
20		Brooklyn			Brookwo		i.	Housewif	e		DOSTRI	
0/	13a. S	AL RESIDENCE (IF NURS	136 COUN	TY	13c. CITY OR TOV	VN	13d INSIDE CITY LIMITS?	5105 Bro	/ ZIP CO	DE	10.3	04.00
5		Id.	A . !	A .	Brookl	yn	YES NO K		okwo	oa	Ka.	2122
-	14. FA	ATHER'S NAME		NDDLE	EASI		15 MOTHER'S MAIDEN NA				AST	
	P	Edgar		0.	Jenki		Susan	G.		Ap	peins	
		VAS DECEASED EVER		WAR OR DATES)	16b SOCIAL SEC		17 INFORMANT	ADDI		4.0	\	
1	I	lo			216-36-	5425	Mary Jack	son (same	as	13e		AATE INTERVAL NSET AND DEA
o E no a l		Canditians, if any,		DUE TO, C	The tant	ENGER	Careinna	of Celar		_		
y injury, or other troumo	VIION	gove rise to immouse (a), stating underlying cause PART 2 OTHER SIGN	nediate ng the last.	DUE TO, C	OR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM					
ows ony injury, or other froumo	IIFICATION	gove rise to immore couse (a), stating underlying cause	nediate ng the last.	DUE TO, C	OR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CO	206. IF Y	YES, WEI	RE FINDIN	
7	CERTIFICATION	gove rise to immocouse (a), storing underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT	mediate ag the last.  NIFICANT CO	DUE TO, C  (c)  ONDITIONS C  19b CONE  21b TIME 6	OR AS A CONSEQUENCE ON TRIBUTING TO	DEATH BUT		200 AUTOPSY? YES NO	20b. IF Y	YES, WEF	RE FINDIN CAUSES	GS USED OF DEATH?
1	CAL CERTIFICATION	gove rise to immodule course (a), stating underlying course  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING	TION  DERLYING CAUSE OF DEAL	DUE TO, C  (c)  ONDITIONS C  196 CONE  216 TIME C HOUR A	OR AS A CONSEQUENCE ON TRIBUTING TO	DEATH BUT	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF Y	YES, WEF	RE FINDIN CAUSES	GS USED OF DEATH?
7		gove rise to immocouse (a), storing underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNIT	TION  DERLYING CAUSE OF DEAL CALEXAMINER)	DUE TO, CO  (c)  ONDITIONS C  19b CONE  21b TIME C HOUR A P  21c PLACE	ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO  ONTRIBUTING TO	DEATH BUT H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF Y IN CER	YES, WER TIFYING YES T	RE FINDIN CAUSES	GS USED OF DEATH?
7	MEDICAL CERTIFICATION	gove rise to improve (a), stating underlying cause  PART 2 OTHER SIGN  190 DATE OF OPERA  210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	mediate  g the last.  NIFICANT CO  TION  DERLYING CAUSE OF DEAL CALEXAMINEP)	DUE TO, CO  (c)  ONDITIONS C  19b CONE  21b TIME C HOUR A P  21c PLACE	OR AS A CONSEQUENCE ON TRIBUTING TO	DEATH BUT H OPERATIO	216 HOW INJURY OCCURI	200 AUTOPSY?  YES NO	206. IF Y IN CER	YES, WER TIFYING YES T	RE FINDIN CAUSES	GS USED OF DEATH? NO []
MOKIAN: If them 2.1 is morked of them 10 shows only injury, or other moting		gove rise to improve to improve (a), stating underlying cause  PART 2 OTHER SIGN  190 DATE OF OPERA  210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI  21d. IN JURY OCCURI	mediate g the last.  NIFICANT CO  TION  DERLYING CAUSE OF DEAL CALEXAMINER)  RED  (this bospit	DUE TO, C  (c)  ONDITIONS C  19b COND  19b CON	OR AS A CONSEQUENCE ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH CO.M. OF INJURY REEL, FACTORY, OFFICE, the deceased from the dec	DEATH BUT H OPERATIO DAY YEAR 19 FARM.ETC)	21c HOW INJURY OCCURI 211 LOCATION STREET 19 70 and that in (my) (our) opinion DEGREE	YES NO RED (ENTER NATURE OF IN CITY OR 1	20b. IF Y IN CER	YES, WEFT TIFYING YES 18 PART 10	RE FINDIN CAUSES  OUNTY	GS USED OF DEATH? NO  STATE

STATE OF MARYLAND

5



(A) 5	1 - STATE REGIS
(")	1. DECEASED

2 sh

STATE OF MARYLAND

LAST

NORRIS 5 DATE OF BIRTH

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

REG. NO.			EDT
20. DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
JUNE 20, 198	4		1:00
6 AGE (IN YEARS LAST BIRTHDAY)		RIYEAR	IF UNDER 24 H
	MONTHS	DAYS	HOURS M

3. SEX 4 RACE Female IN BIRTHPLACE ISTATE OR FOREIGN

16a WAS DECEASED EVER IN U.S. ARMED FORCES

FIRST

HELEN

MONTH White Aug. 11. 7b. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Anna

U.S.A

MARRIED NEVER MARRIED WIDOWEDXX

ANNE ARUNDEL COUNTY 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE

BALTIMORE CITY OR COUNTY OF DEATH

83

Homemaker

126 KIND OF BUSINESS OR INDUSTRY Own Home

Rutkowski

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

II. CITY OR TOWN OF DEATH GLEN BURNIE

Maryland

Maryland

NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. CITY OR TOWN Glen Burnie YES

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

NO IXIX

13e.STREET ADDRESS / ZIP CODE 601 N. Annapolis Rd.21061 15 MOTHER'S MAIDEN NAME

14 FATHER'S NAME William

REGISTRAR

DECEASED NAME

MIDDLE M.

A.A.

136 COUNTY

Anderson 166 SOCIAL SECURITY NO

Agnes Rose 17 INFORMANT (Sister)

1.900

ADDRESS #7 First Ave. W. Mrs. Agnes C. Tydings G.B. 21061

/09/0627 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic in PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to

(IF YES, GIVE WAR OR DATES)

Conditions, if ony, which gove rise to immediate couse (o), stating the underlying

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPER

CERTIFICATION

MEDICAL

ā

0

80

morked

+

MPORTANT

Dept.

FUNERAL Indiana deta

WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN COUNTY

WHILE NOT WHILE AT WORK 22a 1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. obove, (I) (we) (did) (did not) view the body ofter death

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

MEDICAL ATTENDING PHYSICIAN TOURECTOR PHYSICIAN 22c DATE SIGNED

NICK MOUTSOS, M.D.

95 AOUAHART ROAD GLEN BURNIE, MARYLAND 21061

30. BURIAL, CREMATION, REMOVAL	236
Burial	-

June 25, 984

23¢ NAME OF CEMETERY OR CREMATORY

Meadowridge Mem.Prk.Elkridge Howard

24 FUNERAL DIRECTOR

226 SIGNATURE

Singleton Funeral Home Glen Burnie, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

D BY REGISTRAR 756 REGISTRAR'S SIGNAURE OF

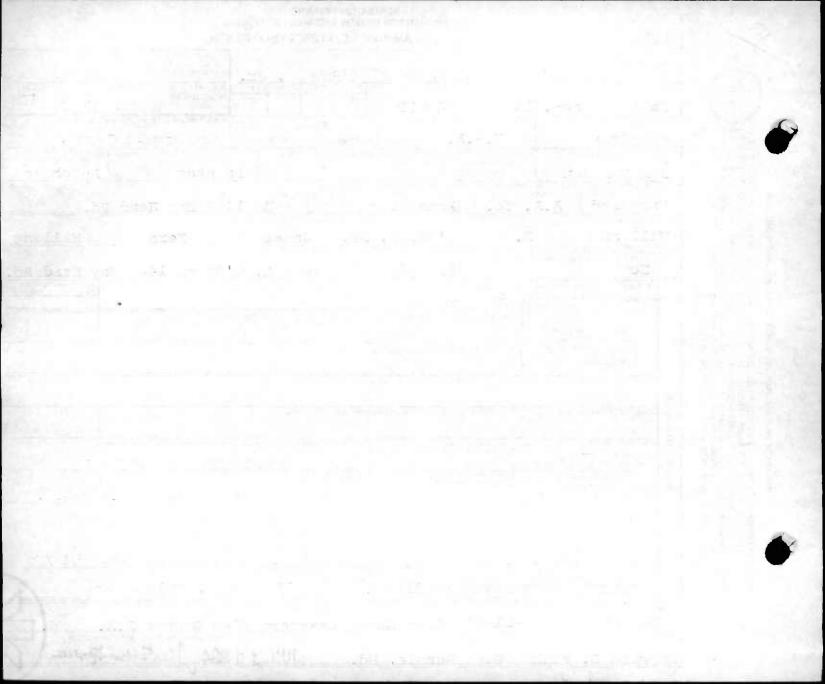
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Lineary - America	ATER SERVERS		
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V ment and and 5/3 0/24		or the life	
bl. gra nobim id			

DHMH - 17 (VR A15 ME (5)) 20M 4/B2

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJE

	1 - STATE REGISTRAR			EPARTMENT OF			-		0.		
1	I. DECEASED NAME	FIRST	-	MIDDLE		LAST	F	OF ESTI-	MONTH	DAY YEAR	26. HOUR
1	(THE SATAMA)	Willia	am na	nforth	0'	Brien ,	Jr.	DEATH MATED	6	17 19 84	M
1	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE INY	EARS IF UN	DER 1 YR. IF UNDE		2c. DATE PRONOUNCED	MONTH	DAY YEAR	2d. HOUR
١	Male	Cauc.	10 4		RS.	S DAYS HOURS	MIN	DEAD	6	17 1984	7PM
1	To. BIRTHPLACE (ST FOREIGN COUNTRY)	ATE OR	76. CITIZEN OF WHA	T COUNTRY?	8. MARRIE	D X NEVER MAR	PIED 🗆	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
7	Marylar	nd	U.S.A	١.	WIDOW			Anne Aruno	del Co	ounty,	MD.
9	IO CITY OR TOWN	OF DEATH	11 NAME OF HOSPI	TAL, NURSING HOM		R INSTITUTION		AL OCCUPATION (TYP		12b KIND OF BU OR INDUST	ISINESS
	Cape St.	Clair		y River				inter		Autombi	
	USUAL RESIDENCE	(IF IN NURSING HOME O	ROTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS		13d. INSIDE CITY LIMITS?	13a STRE	EET ADDRESS		2/2/	3/
1	Marylar	_		Annapoli		YES NO S		03 Bay He	ead	Rd.	/
1	14 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL		MIDDLE		LAST	
И	William	n	D.	O'Brien,	Sr.	Janet	t	Fern		Hill	Ling
	160 WAS DECEASED	DEVER IN U.S. ARA		166. SOCIAL SECURI		17. INFORMANT		ADDRESS	5		
1	No	(IF TES, GIVE	WAR OR DATES)	215-64-2	2783	Irene M	10 . N	Brien 14	03 Ba	av Head	Rd.
			y one couse per line fo	or (o), (b), and (c).)						APPROXIMATE BETWEEN ONSE	EINTERVAL
	PARTIDE	ATH WAS CAUSED	E CAUSE (a)	rowning	- 1					DET ME STORE	A SPECIAL
	_ 830	09		S A CONSEQUENCE	OF						
		ns, if any, which	(b)								
1	cause (a)	stating the under-	DUE TO, OR A	S A CONSEQUENCE	OF						
1	lying cou	se last.	(c)								
	PART 2 OTHER SIG	GNIFICANT CONDITIONS	ONTRIBUTING TO GEATH RU	T NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN P	PARI I o				
	NO NO										
7	190. DATE OF	OPERATION	19b. CONDITIO	ON FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOPSY	,
	H.									YESXX	NO 🗆
9	21a EXTERNA	L CAUSE WAS	216. TIME OF I	NJURY MONTH DAY YEA		W INJURY OCCURR	RED (ENTERN	NATURE OF INJURY IN ITEM 18	PART 1 OR PAR	RT 2)	
21	UNDERLYING CONTRIBUTION	G □ CAUSE OF D	_	6 17 19 8		bject dro	wned v	when boat o	capsi	zed	
-	UNDERLYING CONTRIBUTION 21d INJURY CONTRIBUTION		21e PLACE OF STREET, FACTOR	INJURY (AT HOME,	211 LO			CITY OF TOWN		INTY	STATE
)	WHILE AT WORK	NOT WHILE [	8	ater			r. Car	œ St.Clai			
A	220 1	fu sh-a lanah shasa	e of the remoins descr		Autops				nd in my op		
X	deoth results			L(A)	vicide .	Homicide		Inquiry . , are ermined monner .	ia in my op	inion	
-	deoth results	ed from: Notur	al couses L.	ccident (21), S	Oicide	TITLE (SPECIFY)	Undere	ermined monner			
	ACTUAL SIGNATURE	Dui	into line	Marall	)	Assistan	+	C 1 1 EV 1 1 1 1 EP	DATE	6/18/	84
	SIGNATURE.		us == jur s	41000	M.	0.1.00200001	MEDI	CALEXAMINER	SIGNE	0/10/	
4	EXAMINER'S (TYPE OR PRIN	NAME Mar	rgarita A.	Korell, M	1.D.	ADDRESS 111	Penn	St. Balto	O.,MD		
	230. BURIAL, CREMA		3b DATE	23c. NAME OF CE			[23d, LO	CATION			
	Buria		6-21-84	Glen H	aven	Cemeter		en Burnie	A A		TATE
	24. FUNERAL DIRECT	TOR		102011 11	a v CII			REGISTRAR 256 REG			•
	Raymond	C. Finl	ADDRESS Glen	Burnie.	Md.	JUN	101	984 1 has Do	avidson	- Randelle	1.0



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEAT

NEVER MARRI

13d INSIDE CITY LIMITS? NO 15 MOTHER'S MAIDEN NAME

17 INFORMANT

211 LOCATION

STREET

DIVORCED

LAST

5. DATE OF BIRTH

MARRIED WIDOWED

NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

NORTH ARUNDEL HOSPITAL

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

16b. SOCIAL SECURITY NO

OLIVER

Н	REG. NO.	,		EDI	
	20. DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	JR
	JUNE 29,	1984		12:	36
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
S AR	89 YRS.	MONTHS	DAYS	HOURS	MIN
ED [	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

ANNE ARUNDEL COUNTY 12a USUAL OCCUPATION

12h KIND OF BUSINESS OR

13. STREET ADDRESS / ZIP CODE

MIDDLE

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

200 AUTOPSY? NO

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

NO I

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2)

COUNTY CITY OR TOWN

STATE

and that in my (our) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22¢ DATE SIGNED

22e ADDRESS 7845 OAKWOOD ROAD #204

GLEN BURNIE, MARYLAND 21061

23c NAME OF CEMETERY OR CREMATORY

REGID. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

otte pie certificote DIRECTOR

FOR

- STATE

(TYPE OR PRINT!

3. SEX

REGISTRAR

TO BIRTHPLACE (STATE OR FOREIGN

FIRST

BERTHA

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
130. COUNTY
131. CITY OR TOWN

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE 10

18. CAUSE OF DEATH (Enter only one couse per line for

MIDDLE

MAE

7b. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC )

21b. TIME OF INJURY

21e. PLACE OF INJURY

DECEASED NAME

COUNTRY)

14. FATHER'S NAME FIRST

nober

(YES, MO OR UNKNOWN)

rainia

10 CITY OR TOWN OF DEATH

GLEN BURNIE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which gave rise to immediate couse (o), stating

underlying couse lost.

19a DATE OF OPERATION

71d. INJURY OCCURRED

27h SIGNATURE

AT WORK NOT WHILE

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

22d. PHYSICIAN'S NAME (TYPE CONTINUE

0 à 8 Dept. FUNERAL I 0

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5

\*

MPORTANT

CERTIFICATION

DHMH - 16 50M 4/B3 (VRA 15, 4)

Duria 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL 23b. DATE

CHARLES J. WU, M.D.

220.1 certify the (1) (this hospital) attended the deceased from

saw the deceated after an above (II) (was this bady after death

DEGREE

en

	Frank.
	Tree it
	THE WAY
	S. THON
	01
- Surface Prop. )	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the

etoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fishold be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

with the Stote Dept. of reconstructions are selected by the MDORTANT. If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical each

musi be forti

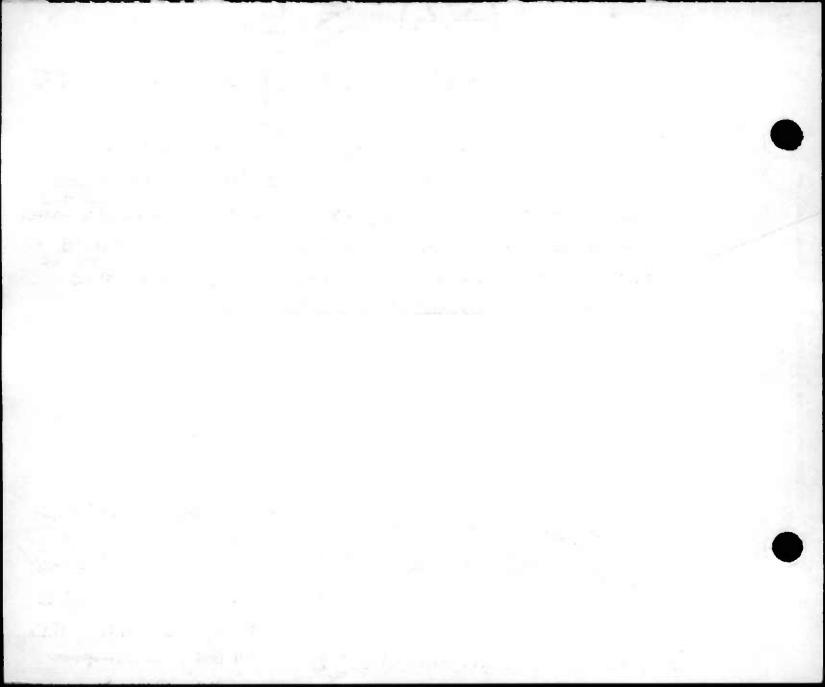
### STATE OF MARYLAND

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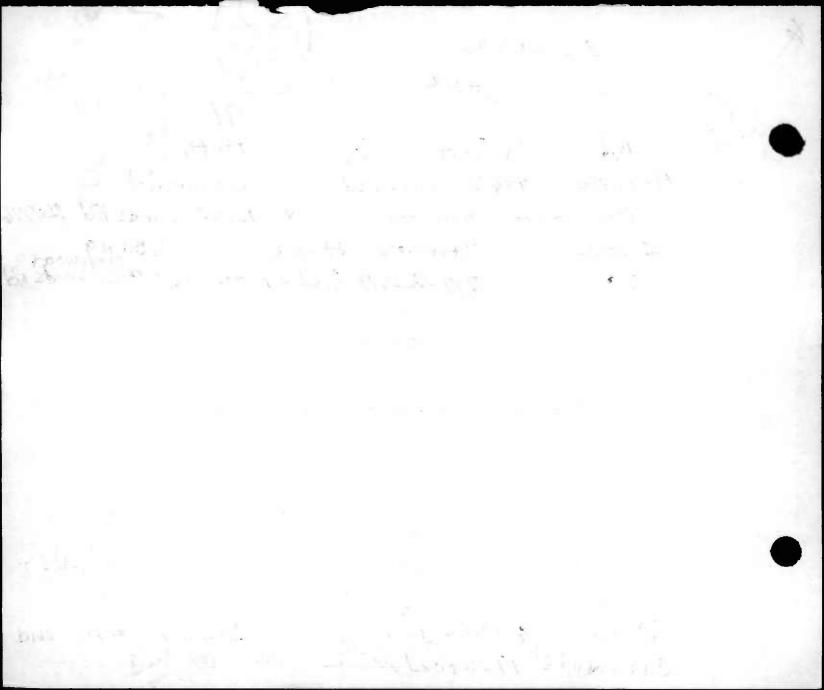
1	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL	HYGIENE								
' '	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.							
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR							
(1117)	Gertrud	e Hazel	Orluskie	June	9,1984 10 -							
1, SE)		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER TYEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.							
	temale	White	Harch 23 1911	73	YRS							
Jur BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH							
LM	laruland	USA	WIDOWED DIVORCED	o unne	arundel MD.							
10. CI	OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI								
	Juvaboin	anne arunde	1 beneral Hosp	1141 Homes	acked Home							
13a. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORE		S? 13e STREET APPRESS	ZIP CODE = , 21403							
1	$nD \mid A$	A. Hnnap		228 Gar	den Gate Lane							
14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME MODIE	IAST							
4	Villiam He	nry Davis	s Lola	(3.	Ward							
	VAS DECEASED EVER IN U.S. AR	MED FOICES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRE	ss, Same as							
	No -	- 216-16-4	to 121 Maymor	nd V. Harv	esti-#13							
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (o) (b), an	idicien //	1 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
		TE CAUSE (0) Melenia	relie Kent 6	mugn	e .							
	1890	DUE TO, OR AS A CONSEQUE	ENCE OF									
	Conditions, if ony, which											
	gove rise to immediate couse (a), stating the											
	underlying couse lost.											
-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
CERTIFICATION	LOTT											
N S	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
Ē			Tal	YES NO	YES NO							
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR ZIG HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)							
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19									
Me Me	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	FARM, ETC.)  211 LOCATION STREET	CITY OR TO	WN COUNTY STATE							
	AT WORK AT WORK			07								
	27a I certify that (I) (this hasp sow the deceased alive as	ital) attended the deceased from_	84 and that in (my) (our any	nian double occurred on the d	ote and hour and from the couses stated							
	obove, (I) (ve) (did) (did no	ot) view the body after death.		nion death accurred on the di								
	776. SIGNATURE	12	DEGREE	IG I MEDICAL STA								
	1800	Duce	PHYSICIA 22e ADDRESS		CIAN   / WECOT							
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1 1 1 1	101 +1	7 - 1 - mi							
	Lyon W.	-owe, 111,12.	177 We	SI Sireel, t	Innapolis, IIII							
	BURIAL, CREMATION, REMOVAL	236. DATE 12 1001	NAME OF CEMETERY OR CREMATO	ORY 23d LOCATION	SUND WINE							
24 5	DL Y LO. UNERAL DIRECTOR	Dane 13,1784	Hillchest	DATE BECO BY BECKETOAD	256. REGISTRAR'S SIGNATURE							
1	NAME -	1 OI PRESS		JUN 1 4 1984								
10	ylorlunena	1 Chapel-Mnn	apolis, MD -	- 11 - 7 1304	- wow work and the same of the							

DHMH - 16 50M 4/83 (VRA 15, 4)

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E	1	STATE OF MARYLAND  FOR STATE STATE REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.	123
by be oth	(TYP	EMMA IANC PArker 6 13 1	YEAR 126 HOUR HUSSPM
Dge 4 mc	3 SE	B MONTH DAY YEAR 9/ MONTHS YRS.	DAYS HOURS MIN,
within we fined of a		BIRTHPLACE (STATE OR FOREIGN TO COUNTRY)  7b. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED DIVORCED DIVORC	MD.
is the filed is the filed in th	1		KIND OF BUSINESS OR USTRY
in 24 h	13a.	A STATE    13b COUNTY   13c CITY OR TOWN   13d INSIDE CITY LIMITS?   13e STREET ADDRESS / ZIP CODE	Rd 2017
completel		Sage WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	49
tan ond c		(YES, NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 19-38-2717 RILLING HOPKING. 4/8	O SANES FO
certificate b ng physicia banpopers. r removal.		PART I. DEATH WAS CAUSE BY- IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
death ottendi		Canditions, if any, which gave rise to immediate	
s that the ed by the please re rial, crem		cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
require	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PACE  Change Are the Condition of the C	Jenely
The from cion.	CERTIFICATION	21a, ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR P.	AUSES OF DEATH?
SICI ng I lent cent cent cent cent cent cent cent c	MEDICAL C	CONCONTRIBUTING CONTRIBUTING CO	
After this eos the bull and Marked or	WE	WHILE NOT WHILE AT WORK AT WORK CITY OF TOWN COUNTY OF THE AT WORK 10 19 19 19 19 19 19 19 19 19 19 19 19 19	4
ATTENIOSPITOI OSPITOI ECTOR: d for us ft. of Her m 21 is		saw the deceased alive an 19 19 19 19 19 19 19 19 19 19 19 19 19	om the causes stated  DAVE SIGNED
by the ERAL DII		ATTENDING MEDICAL STAFF PHYSICIAN SIRECTOR PHYSICIAN 1  27d. PHYSICIAN'S NAME (TYPE OR PRINT)  A 172 ADDRESO	2/14/84
TO HOSPITAL retained by 1 TO FÜNERAL should be der with the State	224	BRROL- A-Vhill on Do Wedgely Quem	
ВР		BURIAL CREMATION, REMOVAL 236 DATE 236 DATE 236 LOCATION COUNTY C	A. Ind
DHMH - 16 50M 4/83 (VRA 15, 4)	(	CIECHICKS 1922 For Farme JUN 20 1984 Julia Davids	



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	de G
ON-MED PER DR. JONES FROM A.A. CO. rision of vital records, 301 W. preston 51., Baltimore, Maryland 21201	O HOSPITAL OR ATTENDING PKYSICIAN. The law requires that the death certificate be executed within 24 hours other death roops
LEASED AS NON-MED PER DR. JONES FROM A.A. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYL	. The faw requires that the death
DIVISION OF V	OR ATTENDING PHYSICIAN
LEASE	O HOSPITAL

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otherding physician and c love carbonpopen, Pages

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old be detached the State Dept H hem

DHMH-16 60M 1/73 (VR A 15 (4))

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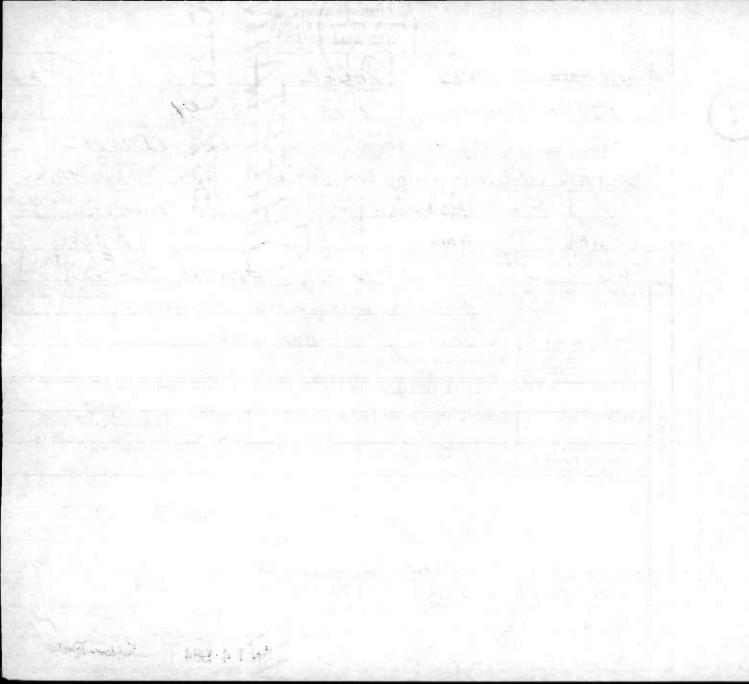
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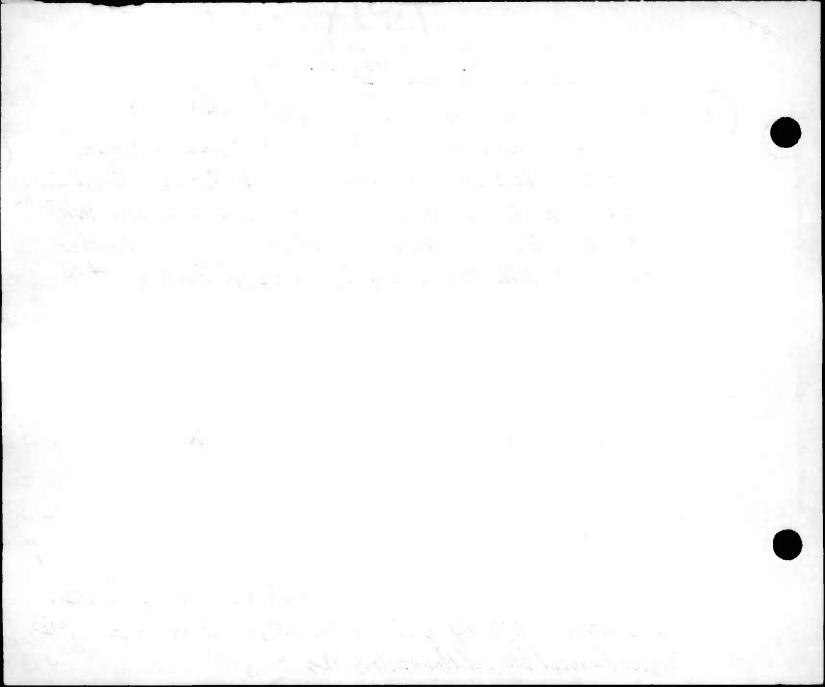
certificote

1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGE  CERTIFICATE OF DEATH	REG. NO.
TYPE	CEASED NAME FIRST	2 Agres PARKER	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR ( & 84 /130 A N
3. SE.	FEMALE	CAUCASIAN  CITIZEN OF WHAT COUNTRY?  S. DATE OF BIRTH MONTH DAY YEAR  9 15 92	6 AGE (IN YEARS LAST BIRTHDAY)  FUNDER 1 YEAR IF UNDER 24 HPS  WONTHS DAYS HOURS MIN  P BALTIMORE CITY OR COUNTY OF DEATH
C	OUNTRY) MD.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE HEUNDEL MO
		JE NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  PLOUSANT LIVING CONV. CENTRE HER INSTITUTION, GIVE RESIDENCE BEFORE XDM/SSKON)	TYPE O WORK FOO MOST OF WORKING LIFE) WINDUSTRY  ALES  OSHUYTES
	ATHER'S NAME	134 ITY OR TOWN . 134. INSIDE CITY LIMITS? YES NO EX NAIDEN NAM	
	VAS DECEASED EVER IN U.S. ARME	DEPORCES? 1166 SOCIAL SEGURITY NO. 17 INFORMANT	ADDRESS ROX F 21619
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E		n Premionia Between ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b) SECONDARY to Alzheir  DUE TO, OR AS A CONSEQUENCE OF	MERS
CERTIFICATION	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI  196, CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# FETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET	CITY OR TOWN COUNTY STATE
	22h I certify that (I) (this haspital) saw the decepted olive on above, (II (we) (did) jett not) v 22h Signature	inw the 6ody (114r death) DECREE	death accurred an the date and haur and from the causes stated  22c. DATE SIGNED  AMEDICAL STAFF  POIRECTOR   PHYSICIAN
	JON B. LO	PHYSICIAN L 22e ADDRESS 77 WST	St., Annapolis, MD

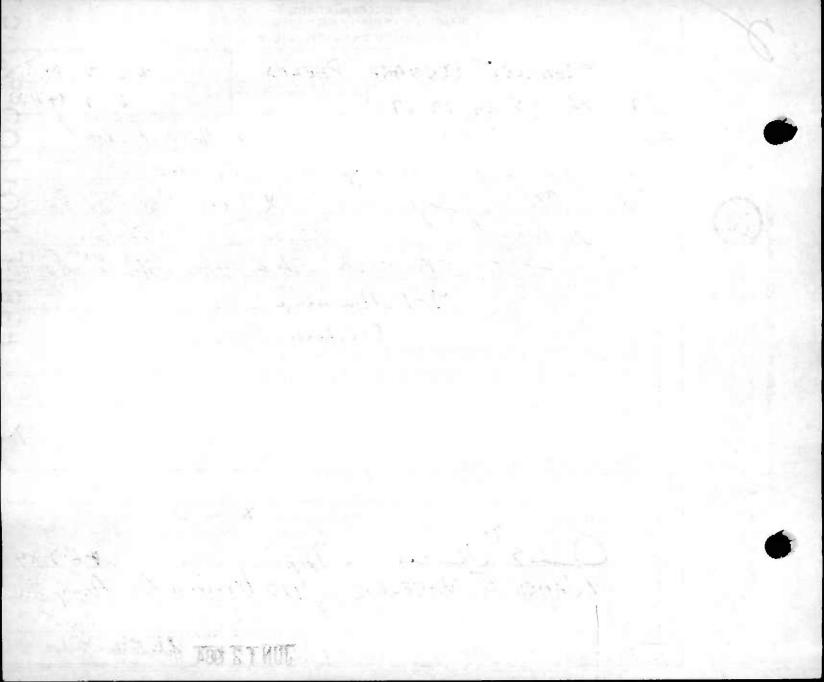
724 PHYSICIAN'S NAME (THE CHIMAN) THE SURIAL, CREMATION, REMOVAL 736 DATE 231 JAME OF CEMETERY OR CREMATORY 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN PURE DE JUN 1 4 1984



				STATE OF MARYLAND	P. 6.3	1 3 1 4 3
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	4 -	DEC ISTRAD	F1123	CERTIFICATE OF DEATH	REG NO	
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1 c)	1	MAIR	While	Feb. 22, 1920	64	YRS
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54 5-	10. C		1. NAME OF HOSPITAL NURSIN		17g USUAL OCCUPATION	126 KIND OF BUSINESS OR
4 997		0	(IF NOT IN SUCH FAILITY, GIVE STREET	ADDRESS)	(TYPE OF YORK ED MOST OF WOR	
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obers of.		18. CAUSE OF DEATH (Enter only	one couse per line for (a), (b), or	nd (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent,		PART I. DEATH WAS CAUSED	BY: I YAMA			
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nen nen nen nen nen nen	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
	읃				Ton autonomo Inn	AT VEC 14 FOR Children and Children
0 0 0 0	ŏ	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
be de la company	TE				YES NO	YES NO
ansi dyg 4yg 8 sh	8	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
1 2 6 4			"			
Men Yen	S					
d o d	ME.				CITY OR TOWN	COUNTY STATE
h o h	-	AT WORK AT WORK				
eoli e		22a   certify that (1) (this hospital	ol) ottended the deceased from_	1983 19	to 6/8/8	7. 19, that (I) (we) lost
5 5 5 5				, and that in (my) (aux) apinion	death occurred on the date or	nd hour and from the causes stated
of the		the state of the s	view the body offer death.	DEGREE		22c DATE/SIGNED
T Contract		A. IIIII	O DE	ATTENDING	MEDICAL STAFF	1/0/1/
d de t		Som marry	m ra In L	COUL PHYSICIAN	DIRECTOR   PHYSICIAN	0///0/
TA		224 PHYSICIAN SINAME ITHEOR	MINITE I	22e ADDRESS	11 01 1	/
P P P P P P P P P P P P P P P P P P P		FINSER	COLE WD	51 Frank	LINIST HAN	ADOUS MD.
D # 3 # -4-	730 5	UIRIAL CREMATION DEMOVAL	123h DATE 122	NAME OF CEMETERY OF CHEMATORY	234 LOCATION	in the second
	1	(CIEY)	1/0/01/1	-d-11/11/1	- CHTY OR THEY	DIN MIS
		CEMAJION	0/7/84 6	euar MIII Cemele.	MATTING	rite like
5 50M 4/83	24 FI	INERAL DIRECTOR	111 1 Am	250 DA	TE REC'D. BY REGISTRAR 256 R	EGISTRAR'S SIGNATURE
15, 4)	1	AVIOR FUNERAL	CHADEL HAN	Aprils, MP JU	N 1 4 1904 /	- Demilion of
	Should be detoched for use as the burial-transity permit. Then please remove corbonopers. Pages I and 2 should be the minimum of the should be detoched for use as the burial-transity permit. Then please removes corponopers. Pages I and 2 should be the minimum of the winth the Store Dept. of Health and Mental Hygiene print to burial, cremation, or beneated.  IMPORTANT: If them 21 is marked or item 18 shows any injury, or other traumatic event, the medical examiner must be rearised.	INPORTANT: If them 21 is marked or litem 28 shows any injury, or other traumatic event, the medical examiner must be certified.  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	1. DECEASED NAME (ITYPE OR PRINT)  1. DECEASED NAME	1. DECEASED NAME  1. NAME OF HOSPITAL, NURSING MONTON OTHER INSTITUTION, OTHER RESIDENCE SETON TO NAME  1. DECEASED NAME	DEPARTMENT OF HEALTH AND MENTAL HY  RESTIFICATE OF DEATH  1. DECEASED NAME  1. DECEA	TO STATE OF DEATH AND MENTAL HYGENE  1. STATE REGISTRAR  1. CERTIFICATE OF DEATH  1. REG. NO.  1. DETECTION OF HEATH AND MENTAL HYGENE  1. CERTIFICATE OF DEATH  1. DETECTION OF HEATH AND MENTAL HYGENE

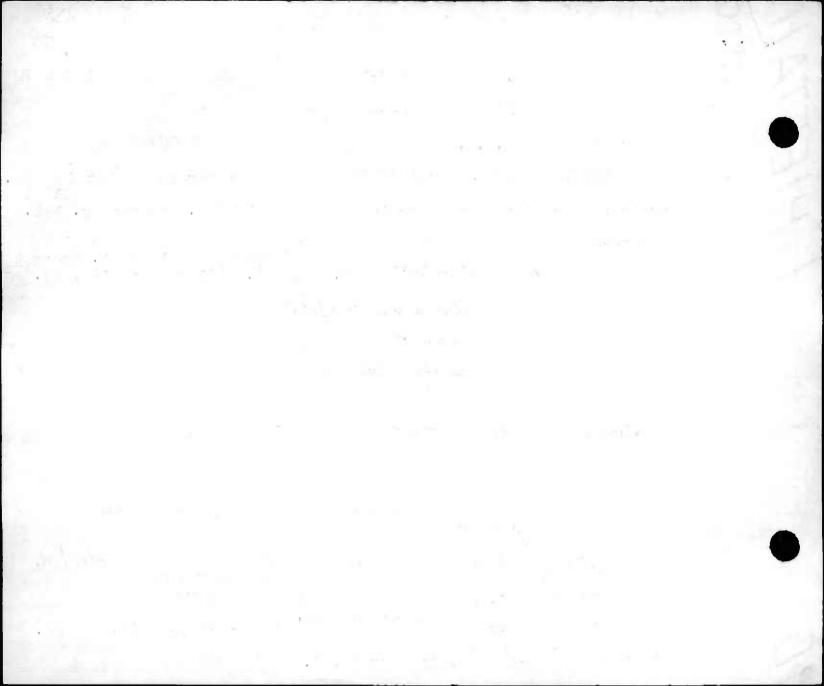


		STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGINE 1 5	126
A		STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 76 HOUR
PLEASE ECTOR. P FILES. HOURS	3 SEX	BECHARLES VERWARD PHELPS DEATH MATED & 6	3 19 87 . M
DIRECT DUR F DUR F ON STR	9	141 W S 19 17 67 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD	7 19 X4 1100 M
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 7 HOURS PRESTON STREET.	70. BI	ORTHOROGOUNT OR OF WHAT COUNTRY?    MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OR COU	Y OF DEATA
O THE PAGE E FILED	10. CI	ITY OR TOWN OF DEATH,  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  12. USUAL OCCUPATION (TYPE OF WORK IN FOR MOSE OF WORKING LIFE)  FOR MOSE OF WORKING LIFE)  12. USUAL OCCUPATION (TYPE OF WORK IN FOR MOSE OF WORKING LIFE)	26 KIND OF BUSINESS OR INDUSTRY
21201 AND 3 TH AND 3	13a. S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TATE  136 COUNTY  137. CITY OR TOWN  138. INSIDE (ITY LIMITS)  138. STREET ADDRESS  1424  154. Purple R  155. R  156. STREET ADDRESS  157. R  158. STREET ADDRESS  158. STRE	4037
O. W.	14. F/	ATHER'S NAME FIRST  IS MOTHER'S MAIDEN NAME MIDDLE PREST  RACE  MIDDLE Phel	LAST
BALTIMORE RES AFTER THE S GIVE PARES WITH FOR IT PAGES I I PAGES I	16a. V (Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  166. SOCIAL SECURITY NO. 17. INFORMANT  (IF YES, GIVE WAR OR DATES)  47.2.9	68th Place e mo 20784
PRESTON ST., BALI ITHIN 24 HOURS AF CIL IN ITEM 18, GIVE VER ALONG WITH ANSIT PERMIT PA AL HYGIENE, DIWISH REMOVAL.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:  5715  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. UTED W. EXAMINE EXAMINE IAL - TR. ON, OR		Canditians, if any, which gave rise to immediate cause (a) stating the <u>under-lying cause last.</u> (b)	
RECORDS, ID BE EXECPENDING, MEDICAL O AS A BUI FIGHTH AN CREMATI	Z	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10	- Su -
WITAL RECORDS, SHOULD BE EXECT OND "PENDING" CHEF MEDICAL E USED AS A BUTTH ANN TOF HEALTH ANN ORIAL, CREMATIC	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
CERTIFICATE SHOUI TING THE WORD " PED TO THE CHIEF 3 SHOULD BE USE 3 SHOULD BE USE 1 PRIOR TO BURIAL 1 PRIOR TO BURIAL		210. EXTERNAL CAUSE WAS  210. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  CONTRIBUTING OR  CONTRIBUTING OF LAUSE OF DEATH  P.M. 10	YES NO X
DIVISION OF VITAL REC MINER: THIS CERTIFICATE SHOULD B IFICATE, WRITING THE WORD "PEN RE FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS HTHE STATE DEPARTMENT OF HEAL 'LAND, 21201 PRIOR TO BURIAL, CR	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19  216. INJURY OCCURRED  216. PLACE OF INJURY (AT HOME, STREET CITY OR TOWN COUNTY OF TOWN C	NTY STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		220. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and in my apideath resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	nian
MEDICAL EXAMIN ECUTE THE CERTIFIC GE 4 SHOUD BE TENNERAL DIRECT TRE DEATH, WITH TRE ATLIMORE, MARYLA	,	ACTUAL SIGNATURE SIGNATURE M.D. MEDICAL EXAMINER SIGNED	\$6.7-84
O MEDIC EXECUTE PAGE 4 S O FUNEI PAFTER DE	-	EXAMINER'S NA JAMES E WHEELER ADDRESS 910 Primiose Ra	Annapolis
BP	C	URIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHOOSING COUNT BC-TEMORE	Md.
DHMH - 17 (VR A15 ME (5) ) 15M 2780	24 FL	UNERAL DIRECTOR,  ADDRESS A ADDRESS N - M - 21 48 / JUNE 284 4 which Saidson	- Handall



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	TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the firmeral directions should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hauring
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and and	8	0	1	RTHPLACE (STATE OR FOREIG		CITIZEN OF V		NTRY?	8			9 BAITH	76	YRS.	Y OF DEATH		
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ding ding	buriol-t Amental or Item	4	MEDICAL	(IF EITHER, NOTIFY MEDICALEX	AMINER)	P.A			19	211 LOCA							
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ATTENDING ospital or att	se os solth mor			220.1 certify that (1) (this	hospital)	pritended the	execused	from_	4/1-	184		to	6/1	7	19 64	, that (I) (w	e) last
TTEN pital	for of Hi 21 is			saw the deceased a abave, (I) (we) (did) (	C 00 3	MIBLI	ofter death.	_19	, ar	d that in (n	ny) (aur) opinion o	death occu	irred an the o	date and ho	iur and fram th	e causes stat	red
A A Pos hos	ept.			226 SIGNATULE	9	1.1.	orier deam.			DEGREE		/			22c. DA1	ESIGNED	
Al C	ould be detact th the State D PORTANT: If	3		Villa	h/	Jule	en		J.	(l)	PHYSICIAN (	MEDICA DIRECTO	OR PHYS	AFF ICIAN [	60	18/01	4.
HOSPITAL ined by the FUNERAL	d be he St			22d. PHYSICIAN'S NAME	(TYPI PR	INT)				The ADDR		-	AHART				
O HOSP etpined TO FUN	should be deta with the State I			VICTOR S	ALAM	A, M.D					GLEN BUR			AND	21061		
BP	16:	3		URIAL, CREMATION, REMISSEED Burial	OVAL	June 198	20,	Ba	1tim	ore I	Nat 1Ce	l Ba	CATION CITY OF TOWN	ore C	ity	Md	ATE
DHMH - 16	50M 4/83		24 FL	INERAL DIRECTOR	8 H.			DRESS			250 DAT	E REC'D. B	Y REGISTRA	R 256 REGIS	TRAR'S SIGN	JUNE DO	
(VRA 1			S	ingleton Fi	iner				Bur	nie,	Md. JUN	19	1984	Inaversi	Name of		



,		FOR STATE		T OF HEALTH AND MENTAL HYG	IENE 8	1 5	2
		REGISTRAR DORA M	. POWELL C	ERTIFICATE OF DEATH	REG. NO	).	
		EASED NAME FIRST	MIDDLE	LAST .		MONTH DAY YEA	R 7b HOL
	YPE (	DORA	MARIE	POWELL		6-17-8	4 8:
3. 5	SEX		4 RACE 5 C	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LY	
	F	emale	Caucasion	8 -7 - 93	90	YRS	
70.		THPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	ARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	1
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Cal.		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HI (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE	ESS)	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		RY CO
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35 13	a S1	ATE 13b COUN	NTY 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	A A	04.04
	_	MO. ANN	E ARUNDAL BROOKLYN	J YES □ NO ☑  15 MOTHER'S MAIDEN NA/		ton Ave.	2101
	, , , ,		MIDDLE LAST	FIRST	MIDDLE		1457
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160		S NO OR UNKNOWN)     IF YES, GIV	E WAR OR DATES)				
/  =	_	NO I	214-18-75.	20 William We	IIS (same	as 13e)	***************************************
		PART I. DEATH WAS CAUSE	by one couse per the for (a), (b), and (c)	11 42 11 12 11	1	BETW	ROXIMATÉ INT EEN ONSET AN
	1		E CAUSE (o) CAPIL PIOPO	LHOWARY A	FRREST		
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			CONDITIONS CONTRIBUTING TO DEAT		inal disease or cond	DITION GIVEN IN PAR	T IIo
			(c)	TH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	20b. IF YES, WERE FIN	NDINGS USI
		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USE SES OF DEA
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		PART 2. OTHER SIGNIFICANT OF THE PROPERTION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE NOT WHILE AT WORK AT WORK	19b CONDITIONS ON TRIBUTING TO DEAT  19b CONDITIONS OR WHICH OPE  21b TIME OF INJURY HOUR A.M. MONTH DAY 1 P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, E	RATION WAS PERFORMED  YEAR  19  211. LOCATION  STREET	200 AUTOPSY?  YES NO ENTER NATURE OF INJUR	20b. IF YES, WERE FIN IN CERTIFYING CAU YES Y IN 11EM 18 PART I OR PART	NDINGS US SES OF DEA NO
Seriel Cation		PART 2. OTHER SIGNIFICANT OF THE PROPERTION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER OF THE NOTIFY MEDICAL EXAMINER OF THE CONTRIBUTION	216 TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, E	RATION WAS PERFORMED  YEAR 19 211 LOCATION 51REE1 . 19	200 AUTOPSY?  YES NO SED (ENTER NATURE OF INJUR!  CITY OR TOW	20b. IF YES, WERE FINING CAU YES  YES  YES  COUNTY  COUNTY	NDINGS USI SES OF DEA NO
60 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		PART 2. OTHER SIGNIFICANT OF THE PROPERTION  21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER OF THE NOTIFY MEDICA	19b CONDITIONS CONTRIBUTING TO DEAT  19b CONDITIONS OR WHICH OPE  21b TIME OF INJURY HOUR A.M. MONTH DAY 11 P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, E	RATION WAS PERFORMED  YEAR  19  211 LOCATION  STREET  19  Ond that in (my) (our) apinion of	200 AUTOPSY?  YES NO SED (ENTER NATURE OF INJUR!  CITY OR TOW	20b. IF YES, WERE FIN IN CERTIFYING CAU YES  YIN ITEM 18 PART I OR PART YIN COUNTY TO COUNTY	NDINGS USI SES OF DEA NO 2) that (I)
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MEDICAL GERTIFICATION		PART 2. OTHER SIGNIFICANT OF THE PROPERTION  210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK SOW the deceosed olive on obove, (1) (we) (did) (did no 27)	218 TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, E	RATION WAS PERFORMED  YEAR 19 211. LOCATION 51REE1  19 . ond that in (my) (aur) apinion of PHYSICIAN	200 AUTOPSY?  YES NO SED (ENTER NATURE OF INJUR!  CITY OR TOW	20b. IF YES, WERE FIN IN CERTIFYING CAU YES  YES  YEN ITEM 18 PART I OR PART VN COUNTY 19 te ond hour ond from	NDINGS USI SES OF DEA NO 2)
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MEDICAL GERTIFICATION		PART 2. OTHER SIGNIFICANT OF THE PROPERTION  210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK AT WORK AT WORK SOW the deceosed olive on obove, (1) (we) (did) (did no 27)	218 TIME OF INJURY HOUR A.M. MONTH DAY P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, E	RATION WAS PERFORMED  YEAR 19 211. LOCATION 51REE1  19 . ond that in (my) (aur) apinion of PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  MEDICAL STAFF	20b. IF YES, WERE FIN IN CERTIFYING CAU YES  YES  YEN ITEM 18 PART I OR PART VN COUNTY 19 te ond hour ond from	NDINGS USISES OF DEANO  2)  that (I) the causes s
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Medical Certification	a. Bl	PART 2. OTHER SIGNIFICANT OF THE PRINCIPLE OF OPERATION  210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER OF THE PRINCIPLE OF THE PRINC	In the of injury of the part o	RATION WAS PERFORMED  YEAR  19  211 LOCATION  STREET  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  E OF CEMETERY OF CREMATORY	280 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  MEDICAL STAFF  DIRECTOR PHYSICI  23d LOCATION  CITY OR TOWN	20b. IF YES, WERE FIN IN CERTIFYING CAU YES  YES  YEN ITEM 18 PART I OR PART VN COUNTY 19 te ond hour ond from	NDINGS USI SES OF DEA NO   2) — that (I) the couses s
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BARRATA OB LINE WORLD WITH BERTHALL STATE OF LINE WORLD WORLD remnie alvol tillam (ells (rame us 15s) April 10 (20/05 2122) Ulivet Com. Walto. (4.05) Com. (

(VR A15 ME (5)) 20M 4/82

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BP

**DHMH - 17** (VR A15 ME (5))

20M 4/82

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

To BIRTHPLACE FOREIGN COUNTRY Connecticut CITY OR TOWN OF DEATH Annapolis

14. FATHER'S NAME

CERTIFICATION

MEDICAL

(YES, NO, OR UNKNOWN)

USUAL RESIDENCE (IF IN NURSING HOME OR OT 130, STATE NO. 131, COUNTY Anne A

23a BURIAL, CREMATION, REMOVAL

SEX

TRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  DNAME FIRST MIDDLE LAST 120. DATE KNOWN MONTH DAY _ YEAR 120. HOUR								
730 M								
1819 <sub>A</sub>								
MD.								
NESS 7								
2								
мо 🕱								
STATE								
0								

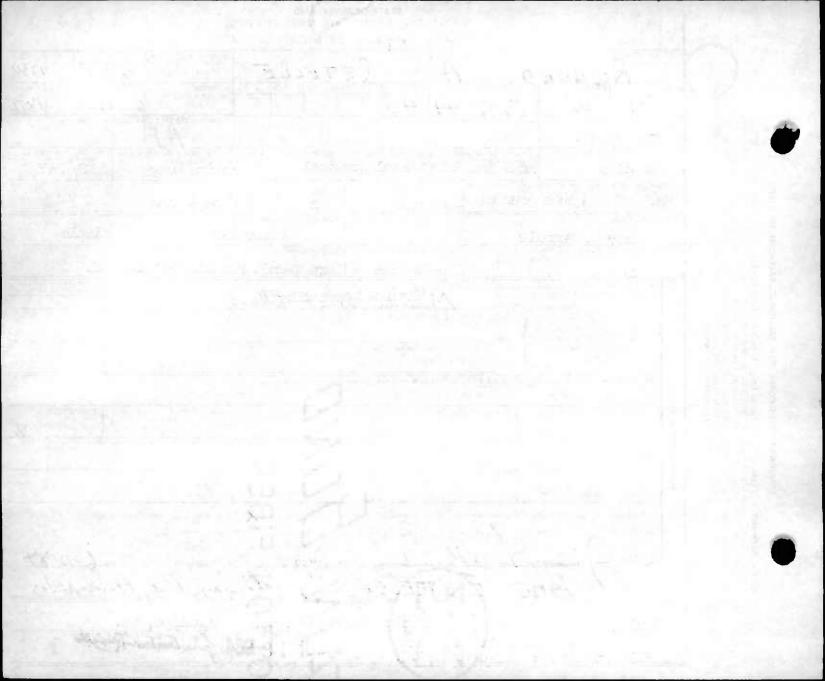
6-18-84 Quantico National Cem. Burial
24 FUNERAL DIRECTOR Marshall's Funeral Home 4217 9th St NW: Washington, D.C.

Quantico, Va. JUN 1 8 194 Guna

STATE

COUNTY

23d LOCATION



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely illied in the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 4/83

(VRA 15, 4)

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical

	STATE OF MAKTLAND								
DEPARTM	NENT OF	HEA	LTH /	AND	MENTAL	HYGIENE			
	CEPT	IEIC.	ATE	UE.	DEATH				

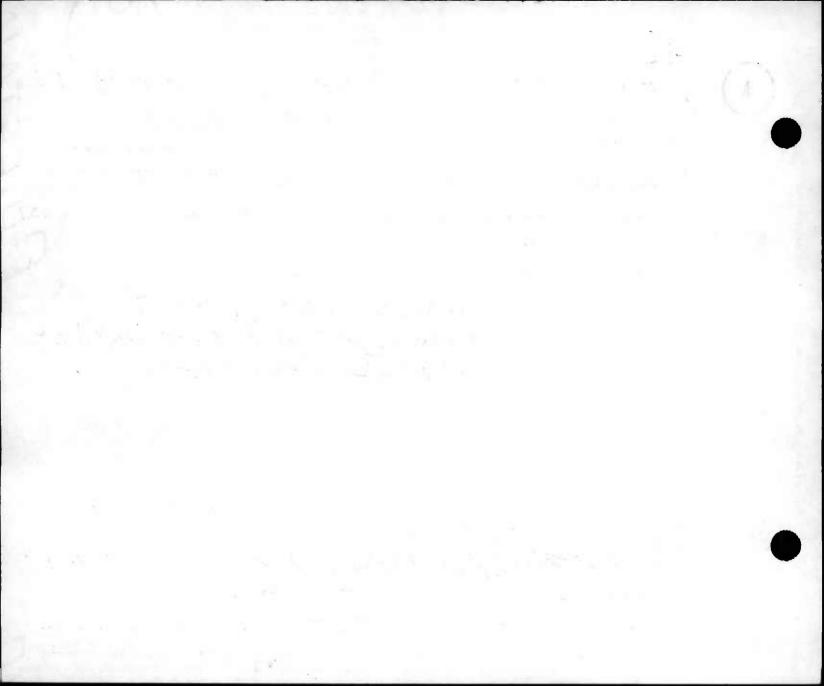
12

1	FOR			DEPARTM	IENT OF H	EALTH AND ME	NIALHIG	IENE V		-		
1.	REGISTRAR	1440	0		CERTIF	ICATE OF DE	ATH	REG. NO	).			
	CE ASED NAME	FIRST	^	AIDDLE	· l	AST				AY YEAR	26 HOUR	
(TYPE	OR PRINT]	711:16	cA .	D	D	Salana			6-1	1-84	90	7
3. SE	X	WILT	RACE	Κ,	5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24	HRS
	male		Lux 1	-	MONTH	DAY	YEAR	10		ONTHS DAYS	HOURS	MIN.
Za B		OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8	- 22	23	9 BALTIMORE CITY O	YRS COUNTY	OF DEATH	1	
	OVA SCO		ADA)	usa		D MEVER MA		_				
	ITY OR TOWN OF			IOSPITAL, NURSIN	WIDOWE G HOME (		UTION	12a USUAL OCCUPATION	Anne		OF BUSINES	MD.
				H FACILITY, GIVE STREET		6,	4	ASSESSOF		INDUSTRY		
LISU	Annabal	NURSING HOME OF OTH	Ann		ADMISSIONI)	neral No	spilat	H33C3301	PIRICI		OFFIC	
30	TATE	136 COUNTY	-	13c. CITY OR TOWI	V	13d. INSIDE CITY	/	13e STREET ADDRESS /	rates to-			
	mD.	Anne	ARundel	Edgewa	ler	YES 15. MOTHER'S A	10 🗷	431 Silver	Run R	<u>d.                                    </u>	210	1317
14. 67	ATHER'S NAME	MID		DTIASTOR		FLOF		MIDDIE	PEABO	D.V.	51	
/	EDWARD	R		RIÑGE						עו		
166 \	VAS DECEASED EV	VER IN U.S. ARME ) (FYES GIVE W	AR OR DATES)	166 SOCIAL SECUI	/	17 INFORMAN		ADDRE		10 E		
	YES NO OR UNKNOWN	WWI	I	019-12-	5///	HELEN	C. R.	INGER SAME	E AS	13 E		
		EATH (Enter only only only only only only only only		Marfor (o), (b), one	191	10.6	7	11.		BETWEEN	ONSET AND DE	AI EATH
	PARTI, DEATI	IMMEDIATE (		anc	40	nux	mos	nay Av	ver			
	250	0	DUE TO, OI	R ANA CONSTQUE	NCE-OE	6	1	8 12	4.11	OK N	7	(
	Conditions, if		(b)	Nate	110	Sell	1al	00 0100	nay	HOU!	YEN	
	gove rise to couse (a), st		DUE TO, OI	R AS A CONSEQUE	NOE OF	7 2	11-1	0118	4 '			
	underlying co	ouse lost.	(c)	NIO	net	10/1	1ee	xegus.				
_	PART 2. OTHER S	IGNIFICANT CO	nditions <u>cc</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0	
ó												
CERTIFICATION	19a DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	70a AUTOPSY?		, WERE FINDI		1?
E								YES NO	YES		NO 🗌	
E	71a. ACCIDENT WAS		116. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJU	JRY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OF PART 2)		
EDICAL		CAUSE OF DEATH MEDICAL EXAMINER)	Р.		19							
8	214 INJURY OCC	URRED	21e PLACE	OF INJURY	A PAG FTC I	211 LOCATION	1	CITY OR TO	WN	COUNTY	STA	ATE.
2	WHILE NO	T WHILE	The state of the	ELLITACIONI OFFICE TO	and Ele j				1	24	/	
	22a 1 certify tho	t (1) (Thys hospital)	ottended th	e deceased from		,	19		(	19.	that (I) (we	e) lost
	saw the dec	wised alive on	iew the body	office Short	10	nd that in (my) (a	our) opinion	death occurred on the de	ite and hour	and from the	couses stati	ed
	276. SIGNATUR	6	.111	1//	1	DEGREE				77c DATE	SIGNED	- 5/
		10000	UN.	K/c/	lu		TENDING PISICIAN E	DIRECTOR PHYSIC		Co-	118	-7
1	224 PHYSICIAN	S NAME (TYPE OR	neille /	1/1		124 ADBRESS					-	
	DONAL	р н нт	SIOP		1	SEVER	RNA P	ARK. MARYI	AND			

23a. BURIAL, CREMATION, REMOVAL 736 DATE

73d LOCATION 1. CROWNSVILLÉ NA . A . 73c NAME OF CEMETERY OR CREMATORY BURIAL VETERANS 6-15-84 RYLAND CE

74 FUNERAL DIRECTOR ROBERT E. EVANS ANNAPOLES, MD.



ge 3 leoth	TYPE	OR PRINT) PA	WLINI	3 P	T c	RIPLEY			JUNE	14, 1	1984
V / Co	3. SE)	Female		race Whi				AR 3	AGE (IN YEARS LAST BIRT	YRS.	UNDER I YEAR
3		RTHPLACE ISTATE OR FO	DREIGN ]	6 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIE	D M	9 BALTIMORE CITY OR COUNTY OF ANNE ARUNDEL C		COUNTY
7		TY OR TOWN OF DEAT GLEN BURNIE			HOSPITAL, NURSI		TAL		TYPE OF WORK FOR MOST OF BOOKKEE	F WORKING LIFE)	12b. KIND C INDUSTRY Ret
35	13a. S	AL RESIDENCE (IF NURSIN TATE ryland	ISH COUNT	TY	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Glen_Bu	/N	13d INSIDE CITY LIM		STREET ADDRESS /		
9		THER'S NAME FIRST Guy	Cı	noole raig	Rip		IS. MOTHER'S MAID FIRST Salli		MIDDIE		Eaki
		VAS DECEASED EVER II res, no or unknown) NO		MÉD FORCÉS? WAR OR DATES)	166. SOCIAL SEC		Frances	R. M	iller, Sam		
event, the		18. CAUSE OF DEATH PART I. DEATH WA	S CAUSED		r line far (a), (b)		browns	and	ler Ace	i Len	BETWEEN
o caption		Canditians, if any,		(b)_	DR AS A CONSEQU		onge St	Sul	- Janich	ne	
		gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF ALL PROPERTY OF ALL PROPE									
	NO	PART 2 OTHER SIGN	IFICANT C							DITION GIVEN	IN PART 1
9	CERTIFICATION	19a DATE OF OPERATI	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO	206 IF YES, V IN CERTIFYII YES	ING CAUSES
9		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DE AT			AY YEAR	21c HOW INJURY C	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T T OR PART 2)
	MEDICAL	21d INJURY OCCURRI	E 🗂		OF INJURY REET, FACTORY, OFFICE	FARM, ETC ]	211 LOCATION STREET	0.4	City OR TO	WN	COUNTY
		27a I certify that (I) ( saw the decease abave, (I) (we) (di	d alive an_	6/1	19	4.0	nd that in (my) (aur) o	pinian dec	, taath accurred an the do	19 Ite and havr o	and from the
H H H		22b. SIGNATURE	4	0	2	1	DEGREE ATTEND PHYSIC	ING I	MEDICAL STAP		22c. DATE
MPORTANT		22d. PHYSICIAN'S NAA			M.D.		22e ADDRESS GLEN	79/22 BURNI	BALTIMORI E, MARYLAN		0115 51
		URIAL, CREMATION, R SPECIFY) Cremation		June	23c.		EMETERY OR CREMA	TORY	23d LOCATION CITY OR TOWN Catonsvi		COUNTY Balti.
4/B3	24 FI	NERAL DIRECTOR			ACIDARESS			So. DATE R	EC'D. BY REGISTRAR	25P REGISTRA	

REG. NO.

14, 1984

2a DATE OF DEATH MONTH 2b. HOUR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST MIDOLE [TYPE OR PRINT] RIPLEY PAULINE p 3. SEX 4 RACE 5. DATE OF BIRTH

> ATION 12b. KIND OF BUSINESS OR ST OF WORKING LIFE) INDUSTRY Retired eeper

21061

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

015

IF UNDER 24 HRS

Eakin

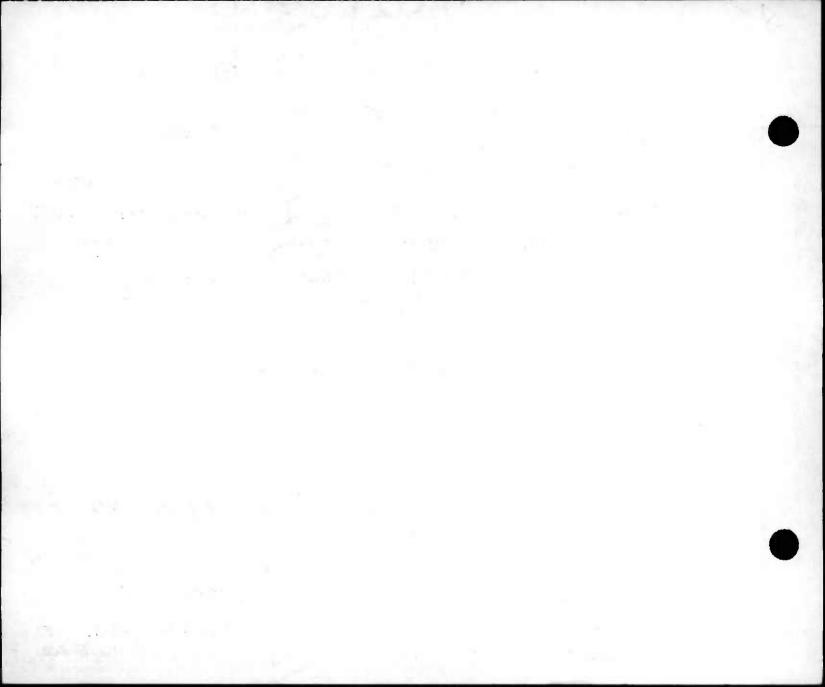
206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES []

that (I) (we) last e date and have and from the causes stated

STATE Balti MD

'James S. Kirkley, Glen Bürnie, MD

(VRA 15, 4)



h	1	ron.		STATE OF MARYED		7				
4	1.	FOR - STATE	DEPARTN	MENT OF HEALTH AND MENTAL	20 5					
1	I DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26. HC				
. 7f		E OR PRINT)	anat I	Robertson	June 25,1984	10:				
A Du	3. SE	Marg x	aret L.	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS				
4 700		female	white	Feb. 2,1912	72 YRS.	ONTHS DAYS HOURS MIN.				
8 5 A 2/			76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	OF DEATH				
deoth	Wash. D.C.		U.S.A.	MARRIED NEVER MARRIED &	Anne Arundel	CO. MD.				
offer d			(IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE					
in by	USU	Annapolis   ALRESIDENCE (IF NURSING HOME OF (	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	Nursing Home	sternographer	Dept. of Navy				
filled auld b	13a	Md. A.	13c. CITY OR TOWI	N 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	21401				
들 수도	14. F.	ATHER'S NAME	A. Co. Ann.	YES NO D	570 Bellerive	Dr.				
mplete and 2			R. Robert	son Nellie	Rose	Keiner				
e execut n and co Pages 1		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	E WAD OR DATES		ADDRESS 570 Bel	lerive Dr.				
be exe on and		no		-1049 Gloria Ro	bertson Apt. 126	Ann. Md.				
rertificate ng physici banpape remaval. c event, th			ly one couse per line (6; 1), (b), and D BY: E CAUSE (D)	watery forse	x	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
eath c tendii e carl an, ar		Canditance if now which	DUE TO, OR AS A CONSEQUE	ENCE OF BOOM						
by the at ise remay , crematic		Conditions, if ony, which gove rise to immediate couse (D), stating the underlying couse lost.	DUE TO, OR A CONSEQUE	ENCE OF By turitis a	1 Rt. Should	er				
equires the n signed b Then pleas 10 burial, injury, ar a	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIVE	EN IN PART Ito				
he law re ion. has been the prior iene prior ions sows any ii	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? 5 NO				
tySICIAN: T ding physicals certificate burial-transi Mental Hygi		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!	TH HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM IB PA	ART I OR PART ?)				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	ARM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
ar after the se os the alth and marked		22a.l certify that (1) (this haspit	tal) attended the dereased from	6.2. 1082	- 10 6.25	19.84 , that (I) (we) lost				
ATTEN spital CTOR afforus of He		obove, (I) we) (did not	1) view the body ofter death.		death accurred on the date and hour	and from the causes stated				
TAL OR A'y the hoss RAL DIREC detached fore Dept.		226 SIGNATURE	ains		MEDICAL STAFF DIRECTOR   PHYSICIAN	6.27-84				
TO HOSPITAL Cretained by the TO FUNERAL E should be deton with the Store E IMPORTANT: If		DR. C-V. C	YRIAC.	14 WRLLH	IAM AVE, GC	BNBURNU				
	23a	BURIAL, CREMATION, REMOVAL (SPECIFY)		23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY ORTOWN COUNTY STATE						
BP	24.5	Burial	6/28/84 H	Hillcrest Cemetery Annapolis, A.A. Co. Md.						
DHMH - 16 50M 4/83		UNERAL DIRECTOR		lagely Ave.		AR'S SIGNATURE				
(VRA 15, 4)	I E	lardesty Funer	ral Home Anr	n. Md. 21401 JUN	4 4 9 1984					



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 having with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	2		
REG. NO.			

1	FOR - STATE REGISTRAR			HEALTH AND MENT		8 4 REG. N		2 1	Q ~1
	PECEASED NAME FIRST	WIDDLE		LAST	20.	DATE OF DEATH	MONTH D		2b HOUR
L	Pius	S.		isill			ne 22,	1984	3:45 PM
3. 5		4 RACE	MONT	OF BIRTH	FAR	GE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	HOURS MIN.
100	Male	White		y 26, 1914		69	YRS		
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY?	ED X NEVER MARRI	ED 🗆 9 B	ALTIMORE CITY O			
10	Pennsylvania CITY OR TOWN OF DEATH	USA	TAL NURSING HOME			Anne Art			MD.
	Glen Burnie	7530 B &	A Blvd. N.	Ε.	(TY	Retired			
13a	aryland AA		en Burnie	13d INSIDE CITY LIA YES NO	X 7	STREET ADDRESS	A Blvd	, N. E.	21061
1	FATHER'S NAME Pius	W. Ru	disill	15. MOTHER'S MAID Annie		M.		Sn	yder
160	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!	OCIAL SECURITY NO.	17. INFORMANT	P	ADDRE			
	No	21	7-09-9041	Grace M	l. Rudi	sill, Sar	ne as		
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for ED BY: TE CAUSE (a)	estimote o	YADN 6	ulsa			BETWEEN C	MATE INTERVAL ONSET AND DEATH
	1,	DUE TO, OR AS A	COMEOUTINE OF	11				opera	Viow.
	Conditions, if ony, which gave rise to immediate	(b) 1)	Elastatic	PARC	INON	101		5,	129/84
	couse (o), stoting the underlying cause lost.	1	ASCINDING	Rz	clum	, 44		First 2	5/18/
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL	DISEASE OR CON	DITION GIVE	N IN PART 110	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION	Q		On AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
- E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU		21c. HOW INJURY		ES NO	YES	_	NO 🗌
	OR CONTRIBUTING CAUSE OF DE	A1111	MONTH DAY YEAR						
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJ	JURY	21f. LOCATION		CITY OR TO	NA/A-I	COUNTY	STATE
1 2	MHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	CTORY, OFFICE, FARM ETC )	SIREET	34	CITORTO	*****	0001417	STATE
	220.1 certify that (1) (this hosp		- 1	, 19	84	to pre	3/1/		that (I) (we) last
1	saw the deceased alive an above, (1) (we) (did) (did no	ot) view the body after o	leoth.	nd that in (my) (our) (	opinion deoth	occurred on the de	ote and hour	and from the c	ouses stated
Н	271. SIGNATURE	25	. 7	DEGREE	DING A	EDICAL _ STAI	F	77L DATE	IGNED L
-	274 PHYSIGIAN'S NAME ITTIES	Name	som he	PHYSIC 122e ADDRESS	CIAN DI	RECTOR PHYSIC	IAN	4	20/84
	Alpert S. G			St. Agi		dical Cen	ter, B	Baltimo	re,MD
23a	BURIAL, CREMATION, REMOVAL (SPECIFY)			EMETERY OR CREMA		Glen Bur	nio	COUNTY	STATE
24	FUNERAL DIRECTOR	June 26,8	o4   Gien n	aven Mem.		C'D. BY REGISTRAR		AA	MD
27	James S. Kirk	lev. Glen F	Burnie MD		JUN 2	7 1984		idson-Ro	
1	Junes St Kilk	icj, arch				1 100 1			

BP.

retained by the hospital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours of the shate Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the medical of

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HY
- STATE REGISTRAR	CERTIFICATE OF DEATH
CEACED MANE	ALIDOLE LACT

1 - STATE REGISTRAR		DEPARI	CERTIFICATE OF	DEATH	REG. N	٠,		EDT
	IRST	MIDDLE	\$AST		2a. DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	LTER	FRANCIS	SCHABOWSKY		JUNE	26,	1984	0214 PM
3. SEX	4 RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	Cauc	•	MONTH DAY	1912	72	YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FORE		WHAT COUNTRY	2 8.		9 BALTIMORE CITY		OF DEATH	
New York C	ity II.	S.A.	MARRIED NEVE	DIVORCED T	ANNE A	ARUNDEI	COUNT	Y MD.
10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL NURSI	NG HOME OR OTHER IN		120. USUAL OCCUPA			F BUSINESS OR
GLEN BURNII	NORT	H ARUNDE	L HOSPITAL		Black smi	th	Ste	eel
JUSUAL RESIDENCE (IF NURSING	HOME OF OTHER INSTITUTION	136. CITY OR TO		CITY LIMITS?	13s. STREET ADDRESS			21108
Maryland	A . A .	Miller		NO T	108 Arc	hwood	AVE	1100
14. FATHER'S NAME	WIDDLE	44		R'S MAIDEN NAM	ΛE	11000		_
	nknown	LAST		FIRST	Unknow	n	LAS	Т
16a. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SEC	URITY NO. 17. INFORM	TMANT	ADDR			
(YES, NO OR UNKNOWN) (1	FYES, GIVE WAR OR DATES)	223-20	-6188 Jos	eph Sch	abowsky	8351 1	Elvato	n Rd.
18. CAUSE OF DEATH	nter only one couse pe							MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS	CAUSED BY:	ashia	c asse	15-			4	Snilli
		OR AS A CONSEQU	IENICE OF					
Conditions, if any, w		Vonte	15000 02	asele	uthner	21		
gove rise to immed cause (a), stating		OR AS A CONSEQU	IENICE OF -	- /	6			
	ast.	Hele	to carde	al	mari	lun		
	CANT CONDITIONS	ONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERM	INAL DE EASE OR COM	IDITION GIVE	EN IN PART 110	9
NO NO								
190 DATE OF OPERATIO	N 196. CONI	DITION FOR WHICH	OPERATION WAS PER	FORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
1116	7				YES NO	YES		NO [
21a. ACCIDENT WAS UNDERL		OF INJURY N.M. MONTH [	DAY YEAR 21c. HOW	INJURY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18 PA	ART 1 OR PART 2)	An ext
OR CONTRIBUTING CAU	DE OF DEATH	P.M.	19					
(IF EITHER NOTIFY MEDICAL I	21e. PLACE	OF INJURY	211. LOCA		CITY OR T	OWN	COUNTY	STATE
WHILE NOT WHILE AT WORK		THEE I, I ACTORI, OFFICE,	( Ann, crc)		,			
22s.1 certify that (1) (the	s haspital) ottended t		5/27	19 84	_, to 6/9	6	19 8-4-	that (I) (we) last
saw the deceased obove, (1) (we) (did)	olive on 6/6/6	7 19_	24 , and that in (m	y) (aur) opinion o	death occurred on the c	late and hour	and from the	couses stated
22b. SIGNATURE			DEGREE		,		22c. DATE	SIGNED
Kani	C. Kall	Duren	u H.D	PHYSICIAN (	MEDICAL STA		61	26/84
22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		22e. ADDR	ESS			21	1061
DANT VADT	PINENT M D		200	HOSPITAL	DRIVE GLE	N BURN	IE MARY	LAND
23a, BURIAL, CREMATION, REA		23c.	NAME OF CEMETERY O	111111111111	23d. LOCATION			
Burial	6-29-	-84 Me	eadowridge	Mem.	Pk. Elkri	dge (	(Howar	d) Md.

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

etained by the hospital or attending physician.

24 FUNERAL DIRECTOR Raymond C. Fink

Glen Burnie, Md.

JUN 2

BY REGISTRAR 256. REGISTRAR'S SIGNATURE
7 1984 Was Davidson Randelle



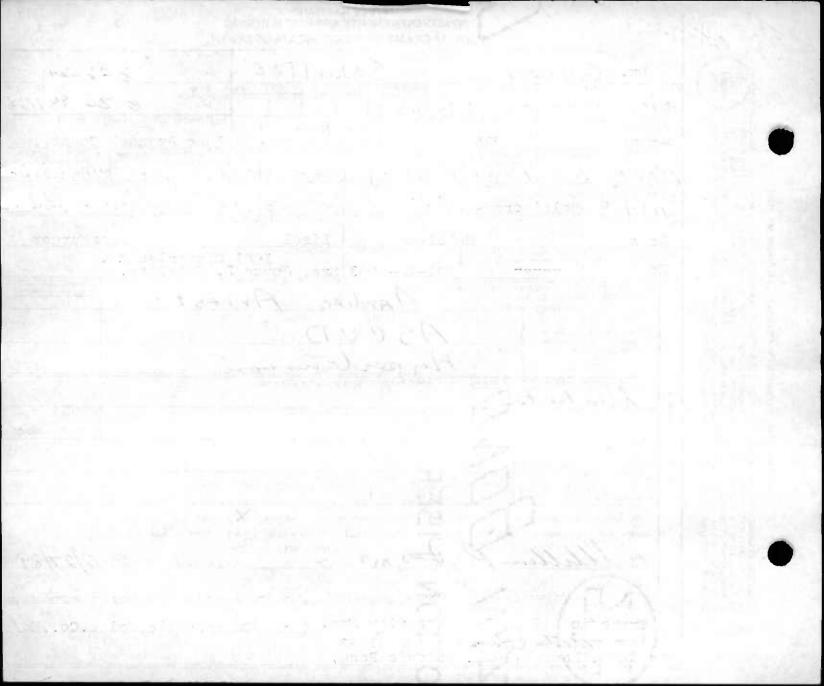
6	1 -	FOR STATE REGISTRAR	DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 4	i	5	3 6	
250		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH M	AONTH DAY	YEAR	2b HOUR	
4	,,,,,	Juli	a L.	Sch	aefer	6	5 9	84	3 P.M.	
ê A A A	3. SE)	(	4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIRTH	1DAY) IF U	INDER I YEAR	IF UNDER 24 HRS	
9 6		Female	White	8 MONT	22 1899	84	YRS	DAIS	ous min	
eath. Pa	(	RTHPLACE (STATE OR FOREIGN COUNTRY)  Mary land	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED □ NEVER MARRIED □ NORCED □ MORCED □			9 BALTIMORE CITY OR COUNTY OF DEATH  Anne Arundel MD				
y the fulled with		iviera Beach	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 185 Kenwood Ro	IG HOME (		12d USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Housewife	WORKING LIFE)	126 KIND O INDUSTRY Home	F BUSINESS OR	
ithin 24 hours fely filled in E 2 should be fi	USUA	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COULT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  17Y 13d, INSIDE CITY LIMITS?			13e STREET ADDRESS / 185 Kenwood	ZIP CODE			
and by Selection	14. FA	THER'S NAME FIRST Oswald	MIDDLE LAST ROEME	r	15. MOTHER'S MAIDEN NO. FIRST Sophia			Hathe	ī	
on and co		VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166. SOCIAL SECU ve war or dates) 217–18–5		Norma S. M	ADDRES Vers Same	s e as 13			
oth certificate anding physicic corban paper n, or removal. motic event, th		4960 IMMEDIA	nly one cause per line far (o), (b), one DBY: TE CAUSE (o)  DUE TO, OR AS A CONSEQUE	INCPOF	Sreamon S	EST		APPROXI BETWEEN C	MATE TERVAL ONS IT A D'DEATH	
that the deby by the otter by the otter bloose remove into cremation or other trou		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	D .	+ BSCUT	> = Astricolo	In Oct	ar-	YEARS	
been signe rmit. Then p prior to bur.	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D			200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED	
he to hos our.	TIFIC					YES NO	IN CERTIFYIN		NO [	
SICIAN: The long physicion.  certificate has rial-transit per ental Hygiene per flem 18 shows a flem 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM IB PART	T OR PART 2)		
ottendin ter this c is the bur h and Me	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F.	ARM, ETC )	ZII LOCATION STREET	C L O	N	COUNTY	STATE	
ATTENDIN spital or CTOR: Af for use o of Health		22a <b>I certify</b> that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no	1 //2	84.0	nd that in (my) (our) opinion	deoth occurred on the dot	e and hour or		that (1) (we) lost couses stated	
by the hos JERAL OR A JERAL DIREC		22b SIGNATURE	Bellum			MEDICAL STAFF	AN 🗌	22c. DATE	SIGNED 184	
TO HOSPITAL TO FUNERAL should be deti with the Stote		Dr. Marcelino	F. Albuerne			allwood Rd, E	asaden	a, Md	21122	
BP	(	Burial, cremation, removal SPECIFY) Burial	23b. DATE 523c N Sac	red H	eart of Jesus	20200		Bälto	Мď	
DHMH - 16 50M 4/83 (VRA 15, 4)	G e	orge J. Gonce	4001 RitchierHg	wy Ba	alto Md	TE REC'D. BY REGISTRAR 2.		R'S SIGNATI		

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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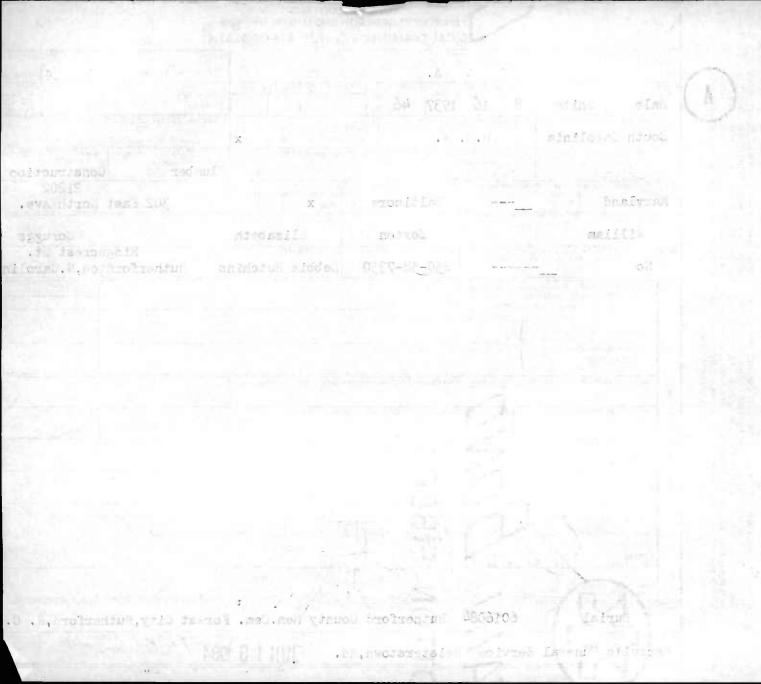
21	FOR		DI	EPARTMENT OF	<b>HEALTH A</b>	ND MENTAL H	YGIENE -	1 5	1 0	1
1,	<ul> <li>STATE REGISTRAR</li> </ul>		MED	ICAL EXAMIN	IER'S CE	RTIFICATE O	F DEATH	REG. NO.		
1.1	DECEASED NAM	NE FIRST		MIDDLE	LAS	7	Zo DATE KI	HTHOM X NWON	DAY YEAR	26 HOUR
· ·	Dr.	GUN	ter		Sch	ulTZ	E DEATH A	NATED 0	26 1984	M
3. 5	EX	4. RACE	5. DATE OF BIRTH	YEAR LAST RIDTHA	AY) MONTHS	R 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH	DAY YEAR	2d HOUR
1	Male	White	June 22	,1916 68v	RS. MONTHS	DAYS	DEAD	0	26,84	1725
70	BIRTHPLACE (	STATE OR	76. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MARRI	ED . P. BALTIMO	RE CITY OR COUN	ITY OF DEATH	
	Sermany		USA		WIDOWED		2 4 2 2 2 2 2 2	Arundel		, MD.
10	CITY OR TOWN	OF DEATH ,	I MNOT IN SUCH FACIL	ITAL NURSING HOMI		e.	120. USUAL OCCUPA	NG LIFE)	9R INDUSTE	SINESS Y
1/	Annapo		Anne Ar	cundel Ge	eneral	Hospit	al Radio	logist	Medica:	11/2
1130	STATE .	112k COUN	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSI 13c. ATY OR JOWN		I. INSIDE CITY LIMITS?	13e. STREET ADDRES		2/10	4
N	arylar		imore 🗸	Ruxton		YES NO	1001/C1	overlea	Road,	/
2,11	FATHER'S NAM	ΙE	MIDDLE	LAST	15	. MOTHER'S MAIDE			LAST	
U	Ernst			ch witze		Lisel			inzburge	er
160	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURIT	TY NO. 17	INFORMANT 1	001 Clove	ADDRESS Priea Ro	3 .	
	No			071-28-5	5063 1		ce L. Scl	nultze,		
			nly ane cause per line fo	ar (a), (b), and (c)	1 .	/	7	,	APPROXIMATE BETWEEN ONSET	
	PARTID	EATH WAS CAUSE IMMEDIA	TE CAUSE (0)	(1X	Irdin	CF	trres	r ·		
				S A CONSEQUENCE	OF	-			1	
		ons, if any, which rise to immediate		175	00	D.				
	couse (d	a) stating the <u>under</u> ouse last.		S A CONSEQUENCE	OF /					
	lying co	use lusi.	(c)	Thy RS	all	ne	on			
		UGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE DI	CONDITION GIVEN IN PAI	RT 1 (a).			
. 3	N	ialle	ten							
21-	198 DATE O	E OPERATION	19b. CONDITIO	ON FOR WHICH OPER	RATION WAS	PERFORMED?			20 AUTOPSY?	
									YES 🗆	NO X
7 8	210 EXTERN	IAL CAUSE WAS	216. TIME OF I	NJURY MONTH DAY YEA		INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR P	ART 2)	
1	UNDERLYIN	G GOR ING CAUSE OF		19						
	21d. INJURY			FINJURY (AT HOME, RY, FARM, ETC.)	211 LOCA STRE		CITY OR TOWN		OUNTY	STATE
1	AT WORK	AT WORK		ni, inim, cic.j	3.40		CIT OK TOWN		001411	STATE
	220 Leer	tify that I took char	ge of the remains descr	ibed above held on	Autapsy	Inspection	Inquiry [	ond in my c	Dinian	
	deoth resul			land.	vicide .	Hamicide .	Undetermined mon		, p	
	deomineson	///	101000000		oicide,	TITLE (SPECIFY)	ondetermined mon	nei (		,
2	ACTUAL	Muli	lem P.	M Com	W MD	Denutu	MEDICAL EXAMIN	DATE VER SIGN	10/2/27	144
	SIGNATURE		1	7	M.D.	verting	MEDICAL EXAMIN	NEK SIGN	ED TO 1	
	EXAMINER'S	NAME WILL	iam P. Jones.	M.D.	AC	DRESS 695 Am	erica Ct. Da	idsomille.	Md 21035	
23	BURIAL, CREM	ATION, REMOVAL		23c NAME OF CE			23d LOCATION			
	(SPECIFY)	nation	6/28/84	Westvie	ew Mer	n. Pk.	Catonsv			Md/
24	FUNERAL DIRE	57.00	n DAGET				REC'D. BY REGISTRAR	25b. REGISTRAR'S		1.00
N	Martin			Padonia		JUN	29 1984	La Marile		

**DHMH - 17** (VR A15 ME (5)) 20M 4/82



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	DICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NETTHE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FULL AS SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 WARD 2. SHOULD BE FIRED AS A BIRIAL AT TRANSIT PERMIT. PAGES NAND 2. SHOULD BE FILED.	PEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201
	. <b>₹</b> ∃¥≾	5
	SES	W

	STATE REGISTRAR		DEATH REG. NO.							
	CEASED NA/		Jac	MIDDLE LAST			OF ESTI			DAY YE
2.67:		Char 14. RACE		A.		ton		TH MATED 🔀	6	3 19 DAY Y
	lale	White	S. DATE OF BIRTH	1937 46	N YEARS IF UNDER	DAYS HOURS	PRONG	ATE OUNCED EAD	6	9 198
7a. BI	RTHPLACE	(STATE OR V) Carolinia		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED		TIMORE CITY OF	COUNTY	Y OF DEAT
	ITY OR TOWN		U.S	S. A. DSPITAL, NURSING HO	WIDOWED			Anne Aru	ndel	Count
B	rookly	m /	Belle	FACILITY, GIVE STREET ADDRES  Grove Road  GIVE RESIDENCE BEFORE ADM	:ss) <b>E</b>	NSTITUTION	FOR MOST OF Plu	working life]		Const
13a S	arylan	id Our	NTY	13c. CITY OR TOWN	ore 13d.	ES 🔀 NO 🗌	3e. STREET AD	DRESS 302	East	Nort
)4. F/	Will		MIDDLE	Sexton 15.7			name th	MIDDLE		LAST
160 V	WAS DECEAS	SED EVER IN U.S. AF	RMED FORCES?	250-58-		INFORMANT	.bd w =	ADDRESS		ecres
		_				ebbie Huto	nins	Ruther	rordi	ton, N
	18. CAUSE PART I	OF DEATH (Enter of DEATH WAS CAUSE		ne for (a), (b), and (c).) Undetermin						BETWEEN
		(a) stating the <u>under</u> ause last.	T- DUE TO, OI	DR AS A CONSEQUEN	CE OF					
NOI	PART 2 OTNER	ause last.	(c)	IN BUT NOT RELATED TO THE	TERMINAL DISEASE OR (		I to			
IFICATION	PART 2 OTNER	ause last.	(c)		TERMINAL DISEASE OR (		l to			
CAL CERTIFICATION	lying co	OUSE TOST.  RESIGNIFICANT CONDITION  OF OPERATION  NAL CAUSE WAS	19b. COND	IN BUT NOT RELATED TO THE DITTION FOR WHICH O OF INJURY M. MONTH DAY Y	PERATION WAS F			OF INJURY IN ITEM 18 P.	ART I OR PART	YES
MEDICAL CERTIFICATION	PART 2 OTHER  19a. DATE C  21a. EXTERN UNDERLYIN CONTRIBU 21d. INJURY	OUSE LOST.  R SIGNIFICANT CONDITION  OF OPERATION  NAL CAUSE WAS  NG OR	19b. COND 21b. TIME C HOUR A. F DEATH 21c PLACE	IN BUT NOT RELATED TO THE DITTION FOR WHICH O OF INJURY M. MONTH DAY Y	TERMINAL DISEASE OR C	PERFORMED?	ENTER NATURE C	DF INJURY IN ITEM 18 P/	ART I OR PART	
MEDICAL CERTIFICATION	PART 2 OTHER  19a. DATE C  21a. EXTERN UNDERLYIN CONTRIBU  21d. INJURY WHILE AT WORK	SIGNIFICANT CONDITION  OF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF  Y OCCURRED  NOT WHILE  AT WORK	19b. COND 21b. TIME C HOUR AJ. F DEATH 71e PLACE STREET, FAI	IN BUT NOT RELATED TO THE DITTION FOR WHICH O	PERATION WAS P  EAR   21c HOW    E.   21l LOCAT   STREET	PERFORMED?  INJURY OCCURRED  ION	ENTER NATURE C	R TOWN		YES T 2]
MEDICAL CERTIFICATION	PART 2 DINER  19a. DATE C  21a. EXTERN UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK	SIGNIFICANT CONDITION  OF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF  Y OCCURRED  NOT WHILE  AT WORK	19b. COND 21b. TIME C HOUR AJ. F DEATH 71e PLACE STREET, FAI	OF INJURY  M. MONTH DAY Y  M. 19  E OF INJURY (AT HOME ACTORY, FARM, ETC.)	PERATION WAS F  TEAR	INJURY OCCURRED  ION  Homicide   TITLE (SPECIFY)	CITY O	R TOWN	COUNTY OPIN	YES YES
MEDICAL CERTIFICATION	PART 2 DINER  19a. DATE C  21a. EXTERN UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK	SIGNIFICANT CONDITION  OF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF  Y OCCURRED  NOT WHILE  AT WORK  THE TIME OF TIME OF THE TIME OF TIME OF THE TIME OF THE TIME OF TIME OF TIME OF THE TIME OF TIME	19b. COND 19b. COND 21b. TIME C HOUR A./ F DEATH P./ 21e PLACE STREET, FAI	OF INJURY  M. MONTH DAY Y  M. 19  E OF INJURY (AT HOME ACTORY, FARM, ETC.)	PERATION WAS P  EAR	PERFORMED?  INJURY OCCURRED  ION  Thomside   THE (SPECIFY)  Puty Chi	CITY O	or TOWN  siry	COUN d in my opin	YES 172]
/	PART 2 DINER  19a. DATE C  21a. EXTERN UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK  ACTUAL SIGNATUR  EXAMINER (TYPE OR PI	SIGNIFICANT CONDITION  OF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF  Y OCCURRED  NOT WHILE  AT WORK  THE TIME OF TIME OF THE TIME OF TIME OF THE TIME OF THE TIME OF TIME OF TIME OF THE TIME OF TIME	196. COND  196. COND  216. TIME C HOUR AJ  71e PLACE STREEL, FAI  THE OF THE ARTHUR AD  THE ARTH	DITION FOR WHICH O  OF INJURY M. MONTH DAY Y M. 19  E OF INJURY (AT HOME ACCORY, FARM, ETC.)	PERATION WAS P  TEAR	PERFORMED?  INJURY OCCURRED  ION  INSPECTION  Homoide   TITLE (SPECIFY)  POUR SESS 111 P	CITY O	or TOWN  alry	DATE SIGNED	YES 122
73a.B	PART 2 DINER  19a. DATE C  21a. EXTERN UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK  22d. death results of the contribution of	SIGNIFICANT CONDITION  OF OPERATION  NAL CAUSE WAS  NG OR  TING CAUSE OF  Y OCCURRED  NATION WHILE  AT WORK  AT WORK  THE  AT ON REMOVAL  LETIAL  ECTOR	19b. COND 19b. COND 21b. TIME C HOUR A./ 17b. PLACE STREET, FAI  17b. TIME C HOUR A./ 17b. PLACE 17b. PLACE 17b. TIME C HOUR A./ 17b. T	DITION FOR WHICH O  OF INJURY M. MONTH DAY Y M. 19  E OF INJURY (AT HOME ACCORY, FARM, ETC.)	PERATION WAS P  EAR   21c HOW    EAR   21l LOCATI STREET  Authory  Authory  Authory  CEMETERY OR CR  Ford Cour.	PERFORMED?  INJURY OCCURRED  ION  The injury of the injury	CITY O  CITY O	or TOWN  alry	DATE SIGNED  O., MD  RUTH	YES  NITY  O 6/



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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 flectrathe the Liberal amontomed by the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely illiad in by the through Employees having a set the burial-transit permit. Then please remove carbonoppers. Pages, Land 3 should be find writen 25 sources to with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.
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	O HOSPITAL OR ATTENDING PHYSICIAN: The lovering by the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physics thould be detached for use as the burial-transit permit. Then please remove carbonopaper with the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, or removal.
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IMPORTANT:

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DHMH - 16 50M 1/81

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 HOUR (TYPE OR PRINT) 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 12b. KIND OF BUSINESS OR INDUSTRY 13e STREET ADDRESS BOSEWOOD YES X NO [ 06 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE RICHARD SHARPS FRANCES THOMAS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT 21401 (IF YES, GIVE WAR OR DATES) MARY SHARPS 106 Rosewood St. Annapolis, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STATE WHILE NOT WHILE 220.1 certify that (1) (this haspital) aftended the deceased fram sow the deceased alive an and that in (my) (our) apinion death accurred on the date and haur and from the causes stated obove, (I) (we) (did) (did nat) view the bady ofter death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF ND PHYSICIAN E DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE BURTAT 6-26-1984 DRURY CEMETERY 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

WILLIAM REESE & SONS MORTUARY P.A.

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

Jan. 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel DIVORCED X WIDOWED 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) )Elect. Eng. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21144 NO X 1405 Georgia Ave. 15. MOTHER'S MAIDEN NAME Green Hattie APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CARCINENIA 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) YEAR 19 211. LOCATION COUNTY STATE STREET CITY OF TOWN , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS Johns Hopkins Hospital Baltimore. Catawba Mem. Park 23d LOCATION Hickory Catawba 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAT Md.

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH DECEASED NAME FIRST 2b. HOUR TYPE OR PRINTS 4, 1984 J. C. SHELTON June IF UNDER I YEAR IF LINDER 24 HRS 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX DAYS HTMOM White Male 25. 1929 55 To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? U.S.A. N. Carolina IZE KIND OF BUSINESS OR INDUSTRY U.S.
Civil Service 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Odenton 547A Retreat Ct. (Hidden Vil SUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY Anne 13c. CITY OR TOWN 13o. STATE Arundel Severn Marvland 14 FATHER'S NAME FIRST Alvin Shelton D. 17 INFORMANT (Daughter) ADDRESS 1405 Georgia Ave. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ( # YES, GIVE WAR OR DATES) 240-42-5802 Mrs. Kathy L. Parks Severn, Md. 21144 W. II W. Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART It of CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE 22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on above (I) (we) (did) (did not) view the body ofter death 72% SICHMATURE 224 PHYSICIAN'S NAME (TYPE OR PRINT)

DHMH - 16 50M 4/83 (VRA 15, 4)

Singleton FuneralHome.

716 DATE June 9

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

GlenBurnie.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

120. REGISTBAR'S SIGNATURE

	1 -	- STATE	F HEALTH AND MENTAL HYGIENE  IFICATE OF DEATH  REG. NO.
		ECEASED NAME FIRST MIDDLE PEOP PRINT	LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOL
	3 SE		POP BIRTH  6. AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER  MONTHS I DAYS HOURS
)		MALL BLACK 6  BIRTHPLACE STATE OR FOREIGN 1/2 CITIZEN OF WHAT COUNTRY? 8	23. 1903 80 YRS.
35		Md U.S.A WIDON	WED DIVORCED A.A.
54	6	TITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOM  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ALONTO  ALON	120. USUAL OCCUPATION 120. USUAL OCCUPATION 120. USUAL OCCUPATION 120. USUAL OCCUPATION 120. BIRDLE BROWN INDUSTRY 120. USUAL OCCUPATION 120. USUAL OCCUPA
26	USU/ 13a S	JAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIO STATE 136 COUNTY 136 CITY OR TOWN	DN). 13d INSIDE CITY LIMITS? 136 STREET ADDRESS
	14 FA	ATHER'S NAME  FIRST  MIDDLE  LAST  LAST	S YES NOX 1308 YORK LOOK Rd
20	160 V	LRWIS WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO	CArrie torter
		(YES, NO DELEVANIONN) (IF YES, GIVE WAR OR DATES)	D SECOND PAIN
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART 1. DEATH WAS CAUSED BY:	congestive heart failure BETWEEN ONSET AND
		IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF	
3		Conditions, if ony, which gove rise to immediate	
		couse 101, stoting the underlying couse lost	
	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	ATION	MUITPLE WYELOWA	L CUA CAUCEC FION WAS PERFORMED HOW, AUTOPSY? 206, IF YES, WERE FINDINGS USE
9	CERTIFICATION	THE CONDITION TO A WINCH OF EAST	YES NO YES NO YES NO
0		21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. MONTH DAY YEA	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
7	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY	9 21f. LOCATION
	Ш	(AT HOME STREET CACTORY OFFICE FARM FTC.)	
	>	AT WORK AT WORK	
	2	220 I certify that (1) (this hospital) attended the deceased from	ne 1983 to June 13 1984 that (1) (1)
	×	22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on Tune 1984 obove, (1) (we) (did) (did not) view the body after death.	and that in (my) (our) opinion death occurred on the date and hour and from the causes ste
	N	22a I certify that (I) (this hospital) attended the deceased from	, 17
	N	22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on Tune 1984 obove, (1) (we) (did) (did not) view the body after death.	ond that in (my) (our) opinion death occurred on the date and hour and from the couses state  DEGREE  ATTENDING MEDICAL STAFF  TO THE STAFF

DHMH - 16 50M 1/76 (VR A 15 (4))

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE	APRIL 1

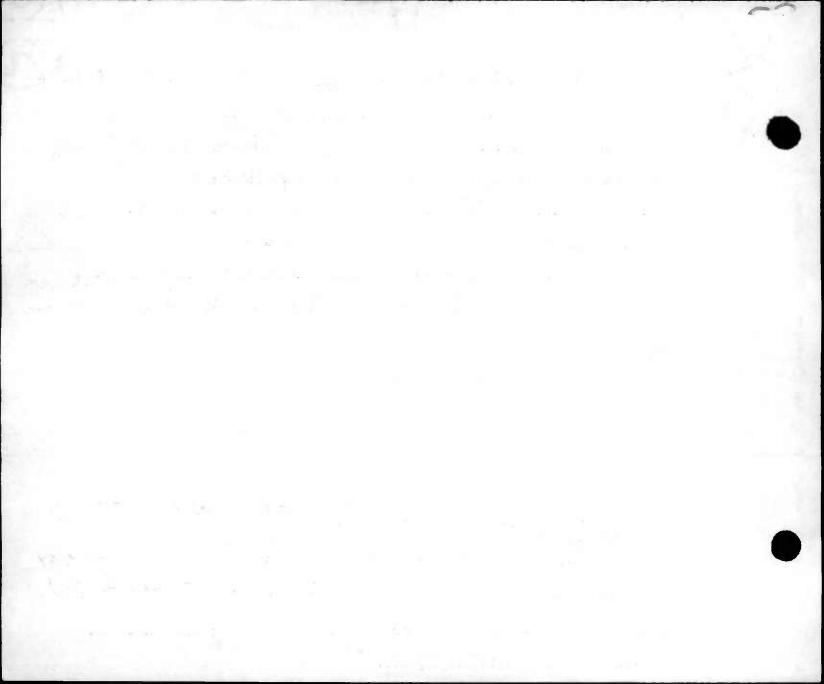
Annapolis Md,21**3**01
Hardesty Funeral Home 12 Ridgely Ave.

STATE OF MARYLAND

ı	1	FOR		DEPART	MENT OF H	EALIH AND MENT	AL HTGIE	NE .			
ı	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEAT	H	REG. NO	D.		
ı		EASED NAME FIRST		MIDDLE	L property	AST		20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
ı	(1172	Teer	e MAI	IdeLSTAN	5	TRAUSS			6 1	1 84	1255 A M
١	3 SEX		4. RACE		5. DATE C		EAR 6	AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
		Female	Cauc.		1	t.12, 1911	EAR	72	YRS.	U.S.	THOUSE MAN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRI	ED 19	BALTIMORE CITY O	R COUNTY	OF DEATH	
	_	Maryland	U.S.A		WIDOWE			Anne Ar	unde	1 Cou	nty MD.
٦	10 CI	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTI	ON I	20 USUAL OCCUPATI	ON E WORKING LIFE	LOL VILID C	OF BUSINESS OR
	A	mapolis	Anne	Hrunde	1 Ger	renal H	550	Housewit	e	) III-DOSTAT	
7	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LI/	MITS?	3e.STREET ADDRESS	ZIP CODE	-	4
		ld. A.A		Annapoli		YES NO		710 Americ		. 41	403
1	14. FA	THER'S NAME	MIDDLE	ŁAST		15 MOTHER'S MAIL	DEN NAMI	E MIDDLE		IA!	ST.
	Не	rman Mandelsta				Esther	Kapl				
ì		'AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRE	SS		
ı	(1	NO NO		212-09-4	494	Louis M	.Stma	uss 710 Am	erican		
ı		18 CAUSE OF DEATH (Enter or	ly one cause per	line for (a), (b), an	d (c).)			0	1	APPROX BETWEEN	ONSET AND DEATH
ı		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)	Meta	staz	re elv	aria	n Carc	Ludna	11	nonth
ı			DUF TO O	R AS A CONSEQUI	ENCE OF						
ı		Conditions, if ony, which	( (b)_								
ı		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUI	ENCE OF						
1		underlying cause last.	( Ic)								
	z	PART 2 OTHER SIGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART I	10
	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	)	20a AUTOPSY?		WERE FINDI	
	IFIC							YES TO NOT		ING CAUSES	S OF DEATH?
1	CERT	710 ACCIDENT WAS UNDERLYING				21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI		hami	
		OR CONTRIBUTING CAUSE OF DE	KIH	M. MONTH D.	AY YEAR						
	MEDICAL	216 INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION		CHYORTO		COUNTY	STATE
	¥	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE, F	ARM ETC )	STREET	0.1	/ f	wn	016	STATE
i		22a I certify the (I) (this hospi	ital) attended th	e deceased from_	16	10 19	84	10 6/1	/	9	that (I) (ve) lost
i		sow the deceased office on above (1) we) (did (did no	1 1 1	<u></u>	84 .00	nd that in (my) (our)	opinion de	eath accurred on the de	ate and hour	and from the	couses stated
ĺ		27b. SIGNATURE	y) view the body	A A		DEGREE				22c. DATE	SIGNED
		Ense	sw(	oleu	4	MD ATTEN	DING X	MEDICAL STAI	IAN 🗌	6/	17/84
		22d. PHYSICIAN'S NAME (TYPE C				22e ADDRESS		\		1 00	0. /
		EW	C01	-		51 FK	ANK	LUN ST	AN	NAP.	Md.
		URIAL, CREMATION, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNTY	STATE
	Bu	rial	6/19/8	34 Ke	nseth	Israel		Annapoli	s A.A	Md7	hndall
1	24 FU	INERAL DIRECTOR	1	Annapolis	Md 2	1401	250 DATE	REZDOY 1984 AR	251 RAGIST	FAR'S SIGNA	NURE
		NAME		THIT CO DO SERVED	1 204 9 6		_				

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



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njury, or other troumotic event, the

should be detoched for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial.

FUNERAL DIRECTOR

(VRA 15, 4)

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MPORTANT: If Item 21 is

3. SE

### STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

- STATE REGISTRAR		CERTIFICATE OF D	REG. NO.					
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		TO DATE OF DEATH	DAY YEAR	2b HOUR		
Margaret	Mary	Sylvis		6-20-84		6 8		
3. SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2	4 HRS	
Female	Cauc.	6 26	1903	80 <sub>YRS.</sub>	MONTHS DAYS	HOURS	MIN.	
COUNTRY	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	ARRIED -	9. BALTIMORE CITY OR COUNT	Y OF DEATH			
W. Virginia	U.S.A.	WIDOWED N	ORCED [	Anne Arundel			ME	
Glen Burnie	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A North Arundel	ADDRESS]	ITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  HOUSEWIFE	12b KIND O	F BUSINES	S OR	

Female	Cauc	Cauc.		26	1903		80	YRS.		
OUNTRY)		WHAT COUNTRY?	MARRIE	NEVER MA	ARRIED 📙		RE CITY OR CO		FDEATH	
W. Virginia			WIDOWE	- URL	ORCED		Arund	le1		MD
O CITY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTIT	TUTION		OCCUPATION	DKING (NEE)	12b KIND OF BUS	SINESS OR
Glen Burnie	North	CH FACILITY, GIVE STREET ADDRESS   Arundel Hospital  (TYPE OF WORK FOR MOST OF WORKING LIFE)  Housewife						INDUSTRY		
	b. COUNTY	13c. CITY OR TOWN	1	136 INSIDE CIT			ADDRESS / ZIP			
Maryland	A.A.	Glen Bu	rnie	YES 🗍	NO [X]	204	Packar	d A	ve. 210	61
14. FATHER'S NAME				15. MOTHER'S	MAIDEN NAM	ΛE				
C - TO	MIDDLE	LAST		FIRST		WIDDLE			LAST	
Samuel	Ε.	Blake		Leo	na				Dietz	
60 WAS DECEASED EVER IN		166 SOCIAL SECUR	RITY NO.	17 INFORMAN	IT		ADDRESS			
NO.	# YES, GIVE WAR OR DATES]	160-20-	1110	Bever	ly Sp	omsle	r 204	Pacl	kard Av	e.
18. CAUSE OF DEATH		line for (o), (b)_and	licilii	0					APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	Q	rece	y el	TI				2 Hu	- ساساد
Conditions, if ony, w	DUE TO, OR AS A CONSEQUENCE OF									
gove rise to immed couse (o), stoting underlying couse	the DUETO, O	R AS A CONSEQUE	NCE OF							
PART 2 OTHER SIGNIFI	IN PART Ito									

CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21b. TIME OF INJURY 21a, ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH HOUR A.M. YEAR DAY OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased give on obove, (Li) we) (did) (did not) view the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED XND STAFF ATTENDING MEDICAL

22e ADDRESS

23d LOCATION

23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236 DATE Burial 6-23-84 Glen Haven Cem.

CITY OR TOWN Glen Burnie

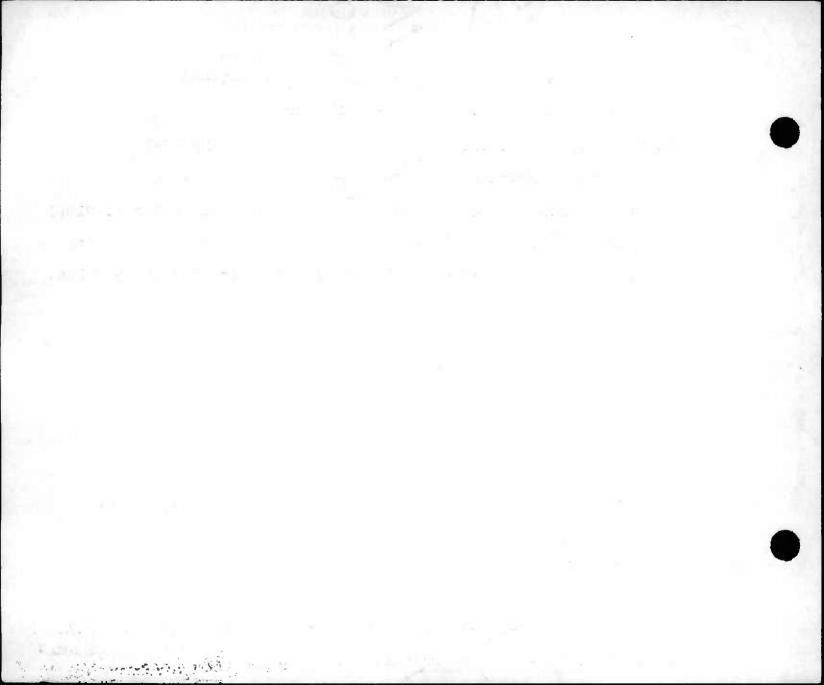
DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

Raymond C. Fink

Glen Burnie, Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the haspital or ottending physician.

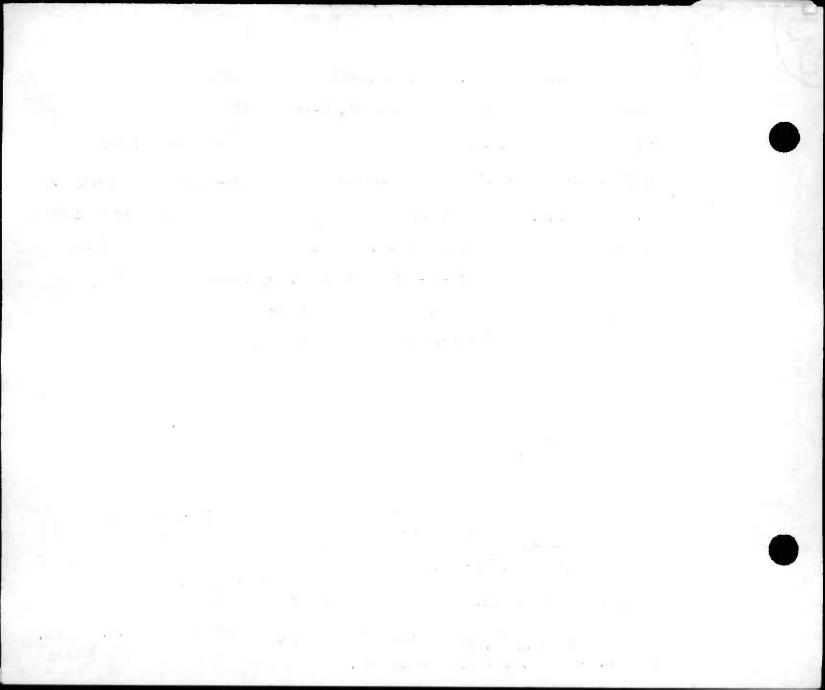
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

$\overline{}$	١,,	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		EDT		
		CEASED NAME	FIRST		WIDDLE		AST CYTET	20. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR		
		-anewari	CONST		G.	SZYDL		JUNE		6, 1984	0515 A		
	3, 5E)	Female		4 RACE Whit	е	May May	13, AY 1943 AR	6 AGE TINYEARS	YR	MONTHS DAYS	HOURS MIN.		
5	70. BIRTHPLACE (STATE OR FOREIGN Mary Tand			76 CITIZEN OF	what country? <b>A</b> •	8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE ANN	_	EL COUNT			
14	10 CI	GLEN BURN			HOSPITAL, NURSIN HEACUTY, GIVESTREET ARUNDEI	NG HOME C	ROTHER INSTITUTION		CUPATION R MOST OF WORKING	G LIFE) INDUSTRY	of BUSINESS OR tv Salon		
5		al residence (if nur itate MC	13b COUN	DR OTHER INSTITUTION, GIVE RESIDENCE 13c. CITY OF		R TOWN 136. INSIDE CITY LIMITS?		13e.STREET ADD	RESS / ZIP CO	ODE	ourt 21090		
20		THER'S NAME FIRST Martin		Soltynski		i Sr. Evelyn		IAME	IDDLE	LAS	Seitz		
1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES			RMED FORCES? 166 SOCIAL SE 217-40				Szydlowski	ADDRESS zydlowski (same as		13e)		
		18 CAUSE OF DEAT	TH (Enter or	ly one couse per			priting a			BETWEEN	ONSET AND DEATH		
73	CERTIFICATION	PART 2 OTHER SIG					NOT RELATED TO THE TE	RMINAL DISEASE O	Y? 20b IF	YES, WERE FINDI	NGS USED		
7	TIE							YES N	O IN CER	RTIFYING CAUSES	NO [		
7	1	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DE	NIN .	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTERNATURE	OF INJURY IN ITEM	18 PART   OR PART 2)			
/	MEDICAL	21d INJURY OCCUR	HILE	21e PLACE ( (AT HOME STR	OF INJURY REET, FACTORY OFFICE, I	FARM ETC )	211 LOCATION STREET	c	ITY OR TOWN	COUNTY	STATE		
		22a.   certify that (1 sow the decea	sed olive on	-	9 198	Man or	nd that in (my) (our) opinion	n death occurred o	n the dote and h		that (I) (we) last couses stated		
		27h SIGNATURE	id ?	3Ph	rigo		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIAN []	22¢ DATE	26/84		
		224. PHYSICIAN'S N		GER M. D	0			00 NORTH ORE MARYLA					
	1 1	SURIAL, CREMATION SPECENT Urial	, REMOVAL	23b DATE 6/29/	23c.		EMETERY OR CREMATOR	23d LOCATIO	N	A.A.	STATE Md.		
3	G e	orge J. G	Balt once	O. Md.	21225	_	0.00	2 198	STRAR BLAREG	Davidson-A	TURE		

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director. Is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

Mining Store Copy of them 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical examin

ermust be notified at once.

# STATE OF MARYLAND

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ENT	0F	HE	AL'	TH	AND	MENT	AL	HYGIENE	
CEI	RTI	F	CA	TE	OF	DEAT	H		

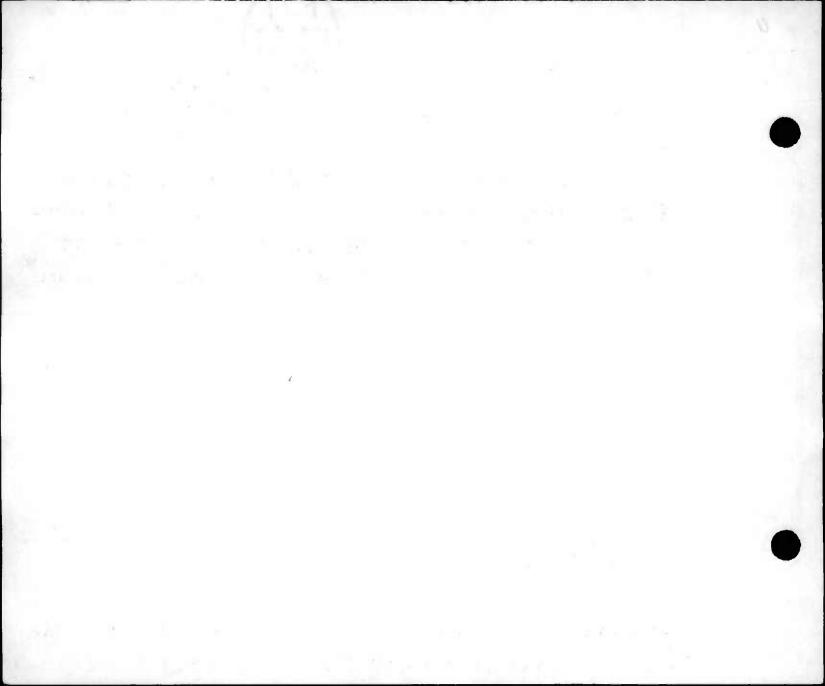
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1	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH									
Į		REGISTRAR		CEKTIFI	CATE OF DEAT		REG. N				
		CEASED NAME OR PRINT)	= Ellington	JAG	allma	n 2	a. DATE OF DEATH	6 - 30.	0	26 HOUR 73/	9 <sub>M</sub>
	3. SEX	Female	White		EAR 6	AGE (IN YEARS LAST BIR	THDAY] IF	UNDER I YEAR	IF UNDER 24 HR		
9		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED WIDOWEI	NEVER MARR	IED 🗆 🤊	A A		FDEATH		MD.
V	10. CII	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME O					12b. KIND OF BUSINESS OR		
4	USUA 13a S	L RESIDENCE (IF MURSING HOME OR TATE 138 COUN		ORE ADMISSION)	13d INSIDE CITY LI	MITS?	STREET ADDRESS	12	ad a	21140	
	14 FA	THER'S NAME FIRST	ADDRE Elling	ton	Marga	Lnet	WIDGIE	Be	nne	++	
		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE	URITY NO.	informanti	Ta	Il man flo	19 Cunn	inghai	21401	Rd
		PART 1. DEATH WAS CAUSE	nly one couse per line for (a), (b), DBY: TE CAUSE (a) Respins	ondicion of	facest-	Dio bab	6 Aven. E	in bows	1 11	MATE INTERVAL ONSET AND DEAT	H_
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECUENCE OF TO, OR AS A CONSECUENCE OF TO, OR AS A CONSECUENCE OF THE CONSECUENCE OF T		/		1				_
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO T	HE TERMIN	al disease or con	DITION GIVEN	IN PART II	0	=
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	)	20a AUTOPSY?	206 IF YES, VIN CERTIFYI	NG CAUSES	NGS USED OF DEATH?	-
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1	DAY YEAR	21c HOW INJURY	OCCURRED	ENTER NATURE OF INJU	RY IN ITEM IS PAR	( OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK ALL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE FARM, ETC.)	211 LOCATION STREET		CITY OF TO	)WN	COUNTY	STATE	
		sow the deceased alive on	ital) attended the deceased from	2. 11	6/20, 19 d that in (my) (our)	-	oth occurred on the d	20, 19 ate and hour a		that (I) (we) I couses stated	ost
		22b. SIGNATURE	eltA		ATTEN PHYS	CC V IDING ICIAN []	MEDICAL STA DIRECTOR PHYSIC		224. DATE	SIGNED	
		1220 PHYSICIAN'S NAME (TYPE OF	ITELS AVM		120 ADDRESS	Old	Socom	on 1	rc. 2	1901	
	E	URIAL, CREMATION, REMOVAL DECIFY)	June 251984	A NAME OF C	crest		Annaya	lis (	A.E	m	١
_	24 FU	War Tunera	1 Chapel-Ani	hapol	13,MU	JUN	REC'D. BY REGISTRAR 1 2 2 1984	25h REGISTRA	idson-	fandell.	

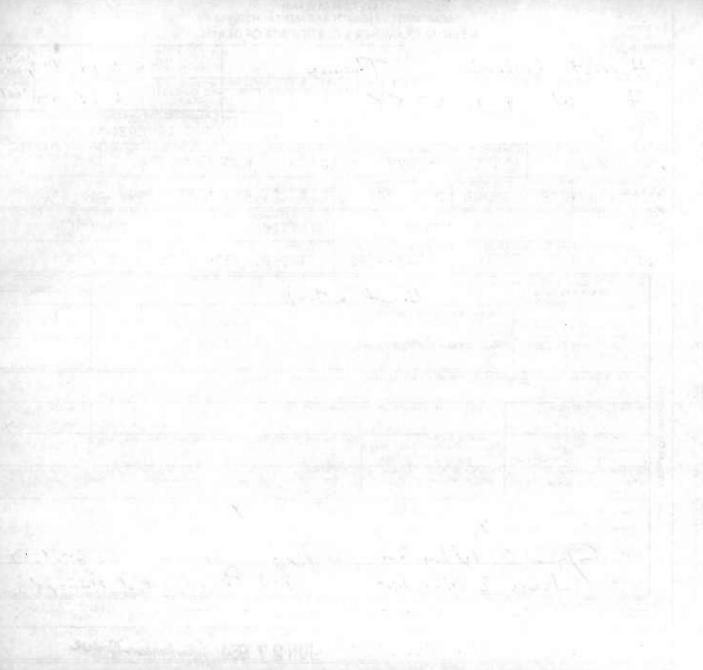
DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the haspital ai attending physician



STATE OF MARYLAND





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inquires that the death certificate be executed within 24 hours ofter death. Page 4 may be

ral director, page 3

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TO FUNERAL DIRECTOR. After the certificate has been signed by the ottending physician and completely fill should be detached for use as the burish spars. Then please remove corbon popers. Pages 1 and 2 should be detached for use as the burish sparse burish, cremotion, or removal.

TENDING PHYSICIAN. The law phol or attending physician.

TO HOSPITAL

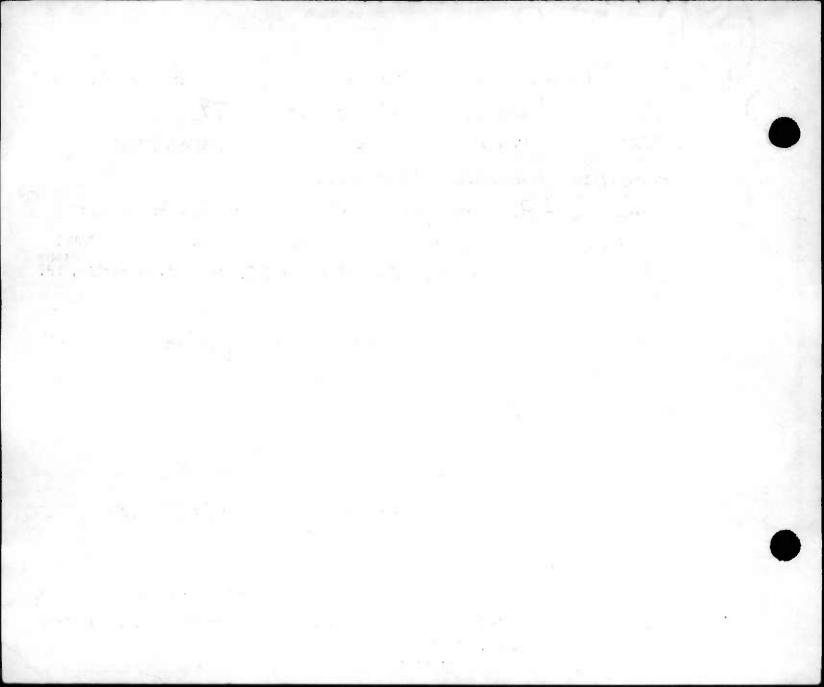
FOR DEPARTMENT OF HEALTH

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

5

Ι.	REGISTRAR		CERTIF	ICATE OF D	EATH	REG. NO	).			
	CEASED NAME	WIDDLE	· ·	AST			MONTH DAY	YEAR 2	. HOUR	
(1146	EORPRINT) Charle	SW	Tu	roer			6 110	84	4PN	
3. SE		4 RACE	5. DATE C	OF BIRTH		6. AGE (IN YEARS LAST BIR			UNDER 24 HRS	
	Male	Black	MONTH	18	03	79	YRS.		HOURS MIN.	
7a. B	IRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER M	ARRIED -	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
MAI	RYLAND	U.S.A.	WIDOWE	DIV	ORCED 🗌	ANNE ARUND			M	
10 C	MAGOLIS	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI ANNE ARUNDEL (	REET ADDRESS]			128 USUAL OCCUPATI (TYPE OF WORK FOR MOST O		126 KIND OF E	BUS INESS OF	
	AL RESIDENCE (IF MURSING HOME OR STATE 13b. COUP			13d INSIDE CI YES	TY LIMITS?	13 STREET ADDRESS 1	ZIPGODE	Street	2140	
14. F/	ATHER'S NAME FIRST SOLOMON	MIDDLE LAST TURNER			MARY	MIDDLE E.		BLI	UNT	
	WAS DECEASED EVER IN U.S. AR (YES, MOOR UNKNOWN) (IF YES, GIV	CONTROL OF	ECURITY NO.	17 INFORMAL LEON T		ADDRE 523 Fourth			21403 Md.	
	18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ily one couse per line far (o), (b)	, and (c)			0 11 0 0		APPROXIMA BETWEEN ON	TE INTERVAL	
		TE CAUSE (o)	Ven	lower	am	ly Umen		nem	lig	
1	DUE TO, OR AS A CONSEQUENCE OF									
١.	Conditions, if ony, which gove rise to immediate	(b)	(2	Vremu	Cend	wmoral	4	3 46		
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF			1	7	1		
ł		(c)								
l <sub>z</sub>	PART 2 OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART Tio		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFOR	RMED	20a AUTOPSY?		ERE FINDING		
ΙĔ						YES NO	IN CERTIFYIN	G CAUSES O	F DEATH?	
1 🗑	21a. ACCIDENT WAS UNDERLYING		B.111 VE.15	21c HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR							
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATIO	N	CITY OR TO	wiki	COUNTY	STATE	
Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFF	ICE FARM ETC )	SIREET		. /			31.41.0	
1	220 I certify that (I) (this hospi	tol) ottended the deceosed fro	m _ (r	1/83	. 19	10 6/16	. 199	0 4 , the	ot (l) (me) los	
1	sow the deceased alive on	at) view the body ofter death.	984 101	nd that in (my)	opinion d	death occurred on the de	ate and hour or	nd from the co	uses stated	
1	27b. SIGNATURE	I view my body offer deom.		DEGREE				22c DATE SH	GNED	
1	400	and Almer	M	n A	TTENDING X	MEDICAL STAT	IAN []	6/18	184	
1	22 d. PHYSICIAN'S NAME TIPE C	IR PRINT)		22e ADDRESS		, June 10 K B 1111 Ole		1		
	GENAMO	CHUneH		8 6	VER6.	NEW MA	n 81-V	DANA	MAK	
23a. l	BURIAL, CREMATION, REMOVAL			EMETERY OR C	REMATORY	236 LOCATION			1407	
R1	1 SPECT VA T	1 6_21_108 <i>l</i> i. 11	DTM IT AW	N MEM.		Annapoli	s A.A	OUNIY Mar	ylamd	
24 F	UNERAL DIRECTOR ANNAPO LLTAM REESE & S	11s. Md. 21401			25a DATE	E REC'D. BY REGISTRAR	206. REGISTRA	R'S SIGNATUR	RE	
WI:	LLIAM REESE & S	ONS MORTUARY	P.A.		1111		Julia Davi		dell	

DHMH - 16 50M 4/83 (VRA 15, 4)



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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been lighted by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hours with the State Dept of Health and Mental Hygene prior to burial, cremation, or removal.

injury, or other traumatic event, the medical exil

IMPORTANT: If Item 21 is morked or Item 18 shows at

STATE OF MARYLAND

1 -	FOR STATE		IEALTH AND MENTAL HYGI	IENEŠ 📑	3 1 7 9
	REGISTRAR			REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	John 17	DULC VANO	RSMALE.	June	17 1984 9Fm
3. SE)	4.5	RACE 5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	HUNDER I YEAR IF UNDER 24 HRS
5	nale 1	aucasian Dec	30, 1896	81 YR	MONTHS DAYS HOURS MIN.
		CITIZEN OF WHAT COUNTRY? 8	Nursura	9. BALTIMORE CITY OR COUN	TY OF DEATH
M	DUNTRY)	USA WIDOW	DENEVER MARRIED	Onno An	20/06/00
10. CI	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME		120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
0	1 0	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	101	LTYPE OF WORK FOR MOST OF WORKIN	
17	Mapolis M	nnapolis Convels	icent Cotto	Execulive K	1) Hover Tising
USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR OTH TATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	21403
1	no A.A	Annapolis	YES NO	670 Americ	ana Drive
14. F.A	THER'S NAME	,	15. MOTHER'S MAIDEN NAM	AE .	
F	FIRST MIDE	Van Opedala	FIRST	WIDDLE	Balast
160 V	VAS DECEASED EVER IN ILS APAGE	D FORCES? 16b. SOCIAL SECURITY NO.	17. INFORMAT	ADDRESS	110/16
14	AS DECEASED EVER IN U.S. ARMEI	RORDATES) 110 01 RIDE		1 0 11	same as
	Jes MM	117-01-3623	Dorothy 1.	Van Hrsdale	- #13
	18 CAUSE OF DEATH (Enter only o	one cause per line for fail, (b), and (c)	nnn		SEMPLEN CHISFT AND CLATH
	PART I. DEATH WAS CAUSED B IMMEDIATE C		1 Strade	10	Treet
	in the birth of				4)
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF			
	gove rise to immediate	(b)			
	couse (a), stating the sunderlying cause last	DUE TO, OR AS A CONSEQUENCE OF			
	onderlying couse lost	H1		1	
	PART 2. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BOT	NET RELATED TO THE TERM	NAL DISEASE OF CONDITION	GIVEN IN PART Isa
MEDICAL CERTIFICATION		tradeceso & s	chel . Vacal	luffe's	ceall
CAT	19s DATE OF OPERATION	THE CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	28s AUTOPSY? 28s IF	YES, WERE FINDINGS USED
Ě				YEST NOT	YES TO NO TO
ER	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	Control Control
0 1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR			
CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	AV LOCATION		
MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
-	AT WORK NOT WHILE		1		
	22a.l certify that (I) (this hospital)	attended the personsed from	3/2/ 19/08	_, to 6/17	, 19 that (I) the lost
	sow the deceased alive on	1984.0	nd that in (my) (eur) opinion d	leath accurred on the date and	hour and from the couses stated
	obove, (I) ( did not) vi		DEGREE		77L DATESIGNED
	111-0	I so Viene.	ATTENDING	MEDICAL STAFF	1/18/00
	TOOL DUNGS CLANGE NAME	funday,	PHYSICIANA	DIRECTOR   PHYSICIAN	6/10/57
	224 PHYSICIAN'S NAME ATTY E OR PRI	7.	22e ADDRESS	1. 1	1911
	12. T. 110c	hunda, MC	16 Marks	Hue Huna	yoll all 214
23a. B	URIAL, CREMATION, REMOVAL	23b. DATE 73c. NAME OF C	EMETERY OR CREMATOR	THE LOCATION	7
(	ice man thin	[uno 181984 (od.	or Hall	CULACITOMN	Pic Mi
24. FL	INERAL DIRECTOR	THE TOTAL CEUT	250. DATE	REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
7	NAME	Of ADDRESS	William Con 2	LDODOMOGA PAR	Kari da
10	Wor Tuneral	Chapel-Hnnapoli	IS MID JUN	TO COLUMN THE PROPERTY OF THE PARTY OF THE P	(6,0)

MRCS. STANL CAMED HIS SERSE (A PROSENTED BY TRANSPORTED AND AND A STANLEY AND AND A STANLEY AND A ST

requires that the death certificate be

dG PHYSICIAN: The low offending physician.

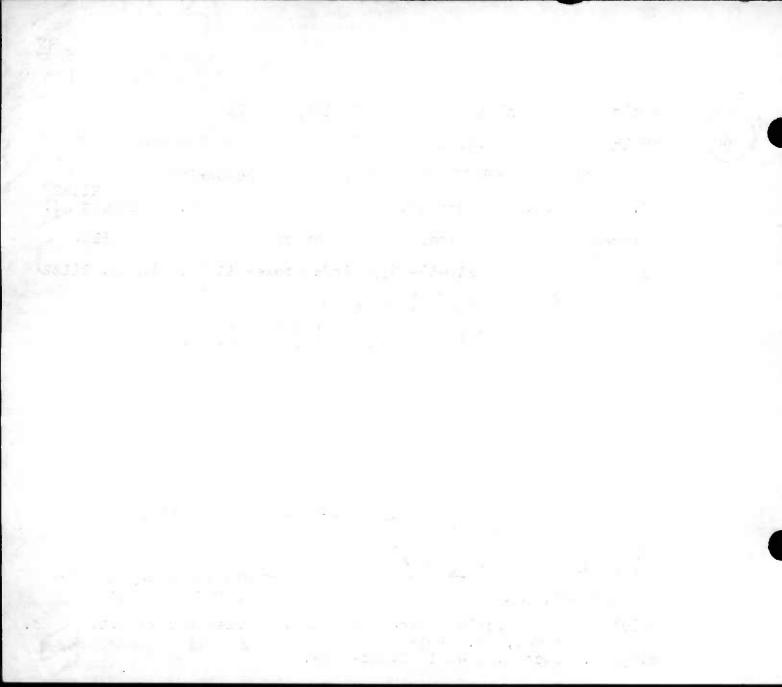
TO HOSPITAL OR ATTENDING retained by the hospital or off

BP.

	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	5	4 9 EDT
		CEASED NAME FIRST CLARA	MAE	V	ЮGT	AST	20. DATE OF DEATH	MONTH DA	1984	1035 PM
	3. SE		4 RACE White		5. DATE O		6 AGE (IN YEARS LAST BI		F UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
185		RTHPLACE (STATE OR FOREIGN aryland	76 CITIZEN OF WHAT C		8. MARRIEI WIDOWE	DI DIVORCED	9 BALTIMORE CITY S ANNE A	RUNDEL		Y MD
54	1.21	GLEN BURNIE	NOR TH AR			TAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewii		12b KIND O INDUSTRY	OF BUSINESS OR
BS	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		YORTOWN		13d INSIDE CITY LIMITS? YES NO 🌁	13 STREET ADDRESS	/ ZIP CODE Smal	21 lwood	122 Rd.
20	14. FA	George	MIDDLE	ach		15 MOTHER'S MAIDEN NA Margare			Bilt	Z
medical /	16a V	VAS DECEASED EVER IN U.S., AI XAS, NO OR UNKNOWN) (IF YES, G		S-18-		17 INFORMANT Linda Dool	ey 1272 F		Rd. 2	1122
offic evant, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse per line for ED BY: ITE CAUSE (a) DUE TO, OR AS/A		) WE	dong	0		BETWEEN	MATE INTERVAL ONSET AND DEATH
injury, or other troumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A (c) CONDITIONS CONTRIB			NOT RELATED TO THE TERM	IN AL DISEASE OR COM	IDITION GIVE	N IN PART 1	0.
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH (	OPERATIO	n was performed	200 AUTOPSY?	20b IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
IMPORTANT: If them 21 is morked or them 18 shows ony	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DE (IF EITHER, NOTRY MEDICAL EXAMINI 21d. INJURY OCCURRED		JRY	19	216 HOW INJURY OCCURI 216 LOCATION STREET	RED (ENTER NATURE OF INJ		COUNTY	STATE
21 is morked	~	WHITE AT WORK  220 1 certify that (1) (this hose sow the deceosed olive o obove, (1) (we) (did) (did n	oital) attended the desea	sed from	,61	A 19 0 on that in (my) (our) opinion	deoth occurred on the c	lote and hour		that (I) (we) last couses stated
T. # Hea		22h SIGNATURE	255	29	P	DEGREE ATTENDING PHYSICIAN [		CIAN	22c DATE	
APORTAL		RECEP EROL,		(			HOSPITAL NIE, MARYLA			104
≤		BURIAL, CREMATION, REMOVA (SPECIF)	6/23/84	Gl	en H	emetery or crematory aven Mem.	Glen Bu	Ú.	4	Mä.
/83		uneral director Bal eorge J. Gon	to., Md. 2 ce F.H. 40	21,225 001 R	itch	ie Hwy.	N=20 1984	gulard	ON BUSHA	Pandese

DHMH - 16 50M 4/83 (VRA 15, 4)

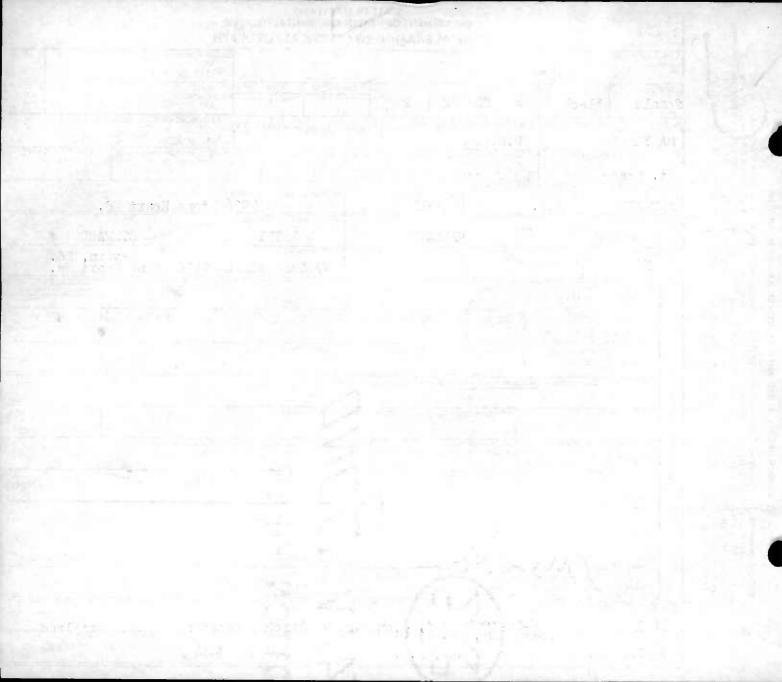
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BP.

**DHMH - 17** (VR A15 ME (5)) 20M 4/82

1	- S	OR TATE EGISTRAR				STAT MENT OF H	EALTH		ENTAL			REG.	1 5 NO.	i	5	0
	DÈC	EASED NAME	FIRST		WIDDIE			LAST			20. DATE	KNOWN		TH DAY	YEAR	26 HOUR
1	(TYPE	OR PRINT)	NICOI	Æ			W	ALLACE	3		OF DEATH	ESTI- MATED	□ 6	25	1984	
	SEX		4. RACE	5. DATE OF BIRTH	VEAD	6. AGE (IN YEA		DER 1 YR.			2c. DAT	E	MONT	H DAY	YEAR	24 HOUR
f	ema	ale	black	MONTH 22	82	2 YR		HS DAYS	HOURS	MIN.	DEA		6	25	1984	8:28 M
9	FOR	THPLACE (ST	TATE OR	76 CITIZEN OF WI	AT COU	NTRY?		IED NE				MORE CIT	-			
	-	RYLAND	OF DEATH	U.S.A.	DIT AL AU	DSING HOME	WIDOW		DIVOR		UAL OCCI	e Aru				MD
/		. Mead		(IF NOT IN SUCH FA  Kimbrough	CILITY, GIVE	TREET ADDRESS)		IEK II431110	IION		MOST OF WO		TIPE OF WOR	C	OR INDUST	RY
US 13 c	SUAL a. ST.	RESIDENCE	(IF IN NURSING HOME OF A . A			ORTOWN	(20)	13d. INSIDE (	NO [		REET ADDR		eart	21. Rd.	144	
U	. FAT	HER'S NAME		WIDDLE	WALL	AČE		15. MOTHE	R'S MAIL IRST KAT	EN NAM	F	MIDDLE		EWAR	LAST D	
16	O. W	AS DECEASE	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SO	CIAL SECURITY	NO.	17. INFOR		VALLA	CE 79	ADDRE	Se	vern Hear	t Rd	
	N O	gave riccause (a)  lying cau  PART 2 OTHER SI	ns, if any, which se to immediate stating the <u>under-</u> use last.	DUE TO, OR  (b)  DUE TO, OR  (c)  CONTRIBUTING TO DEATH	AS A COL	NSEQUENCE CONSEQUENCE CONSEQUE	DF DF INAL DISEAS	E OR CONOITIO	N GIYEN IN I					20	AUTOPSY YES []	/? NOXŌ
	SCAL	UNDERLYING CONTRIBUTION	NG CAUSE OF D	21b. TIME OF HOUR A.M P.M 21e PLACE ( STREET, FAC'	OF INJURY	19 (AT HOME,	21f. LC	OW INJURY	OCCURI	RED LENTER	CITY OR T			COUNTY	163	STATE
9/			fy that I taak charg ed fram: Natur	e of the remains des	Accident	, Sui	Autar	Hamil	cide   SPECIFY)  Lstar	nt_MEI	Inquiry etermined in	manner [		TE GNED	6-26 21201	
23	a.BU		TION, REMOVAL 2			NAME OF CEA		OR CREMAT	ORY	23 d. L.	OCATION Y OR TOWN			YIMUO		STATE
24		NERAL DIREC		6-28-1984 mapolis,		zi401	I A.E	l.E. C	250. DAT		den to	AR 256. B	EGISTRAR	'S SIGNA	TURE	rd
	W.L.	LLIAM :	REESE & S	ONS MORT	JARY,	P.A.			JU	6	1984	V			Lutano	



1-	FOR STATE REGISTRAR
1. DEC	EASED NAME

TYPE OR PRINTS

3. SEX

filed

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Pages

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per

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# DEPARTMEN

IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	5	i 5	ì
LAST	June 25, 19	DAY YE	26 HOL	SPM
DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER T	YEAR IF UNDER	24 HRS
eb. 21 1885	99 YRS.		DAYS HOURS	MIN.
MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEAT	Н	

Female Caucasian I BIRTHPLACE (STATE OR FOREIGN

FIRST

Anna.

Th CITIZEN OF WHAT COUNTRY?

Walters

WIDOWED

DIVORCED [ 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

Anne Arundel 12n USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY housekeeper Retired

IN CITY OR TOWN OF DEATH Crofton

Pennsylvania

1827 N. Forest Court WSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d. INSIDE CITY LIMITS? YES TX NO [

15. MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE 1827 N. Forest Court

21114

Hospital

Maryland 4 FATHER'S NAME

13a STATE

MIDDLE Walters

Anne Arundel

166 SOCIAL SECURITY NO

Barbara 17. INFORMANT

ADDRESS

MIDDLE

Goetzfried

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

mont.

NO T

William 160 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES, GIVE WAR OR DATESH (YES, NO OR UNKNOWN) no

190 DATE OF OPERATION

Crofton

Charles J. Walters

same as 13e

18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 A CONSEQUENCE OF Conditions, if any, which gave rise to immediate

cause (a), stating the underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 115

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19

NO YES F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

211 LOCATION STREET

CITY OF TOWN

COUNTY STATE

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (1) [this haspital) attended the deceased fram sow the deceased alive on above (1) (was (did) (did not) view the body after death. 22b. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MEDICAL

22c DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

Beall Funeral Home

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

and that in (my) (but) apinion death occurred on the date and have and from the causes stated

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

CERTIFICATION

236 DATE June 27 1984 Metropolitan Crematory Alexandria,

116000 Annapolis Road Bowie, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

0

be deta e State MPORTANT

Anna I. Islans romalo Camenatan Job. 21 1885 99 renasylvania US Anno Arundel. Orofton 1827 1. Forest Jourt Rousekeeper Retired Rossitsi Maryland Anno Arundel Crofton a 1027 M. Forest Court 21114 Goutantica eredict aretict . mathir 215-24-5302A Charles J. Walters came as 13e THE TO SELECT THE SECOND STREET

 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pag

retained by the hospital or attending physician.

BP. DHMH - 16 50M 4 (VRA 15, 4)

	1 -	FOR STATE REGISTRAR EURA	DEPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE O 4	1515 EM
1		CEASED NAME FIRST REINE	S WARTT	INGER	JUNE	20, 1984 630 PM
	3. SE	+	RACE 5. DATE C		6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN,
in 72 hou	2	COUNTRY) N .J.		D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF ANNE AR	UNDEL COUNTY
by the function of filled within 72 footblad of the footblad o	/	GLEN BURNIE	1. NAME OF HOSPITAL, NURSING HOME C		TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
ond completely filled in oges 1 and 2 shauld be redical examiner must be	USU. 13e. S	AL RESIDENCE (IF NURSING HOME OR O	THE INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Y A SEVERNA F	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Air OAK BR.
ond 2 st		CHARLES "	VAN NESS		ABETH MIDDLE	HEYWOOD
physician and conpopers. Pages 1 moval. vent, the medical		VAS DECEASED EVER IN U.S. ARM YES, NO PRUNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SECURITY NO.	JUNE A	-CORBLE	
signed by the ottending. Then please remove corbo to burial, cremotion, or re njury, or other troumotic e	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	ninal disease or cond	ITION GIVEN IN PART I 10
cote hos bee onsit permit. Hygiene prior 18 shows ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
buriol-tronsit Mentol Hygie or Item 18 sho	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	r IN ITEM 18 PART 1 OR PART 2)
s the bus s the bus h and Me	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOW	OUNTY STATE
DIRECTOR: A sched for use Dept. of Healt f hem 21 is ma	1	22e.1 certify that (I) (this hospital saw the deceased alive on above, (I) (we) (did) (did not)	6/20 19 840		death occurred on the da	19, that  I) (we) last te and hour and from the couses stated
detoched detoched tote Dept. NT: If hem		22b. SIGNATUHE	e Ce	ATTENDING PHYSICIAN	MEDICAL STAF	
should be deto with the State E IMPORTANT: If		FRED T. KAH	N, M.D.		RNIE, MARYLA	7 1
- * > 51		SPECIAL SPECIAL SPECIAL	236 DAJE / 236, NAME OF C	7,1,1,	BEOGNE	LY NOGUNIY N. YATE
16 50M 4/82 A 15, 4)	24 F	Whith Bar	reund Fever	250. DA	1984 Sulian	Sh. REGISTRAR'S SIGNATURE

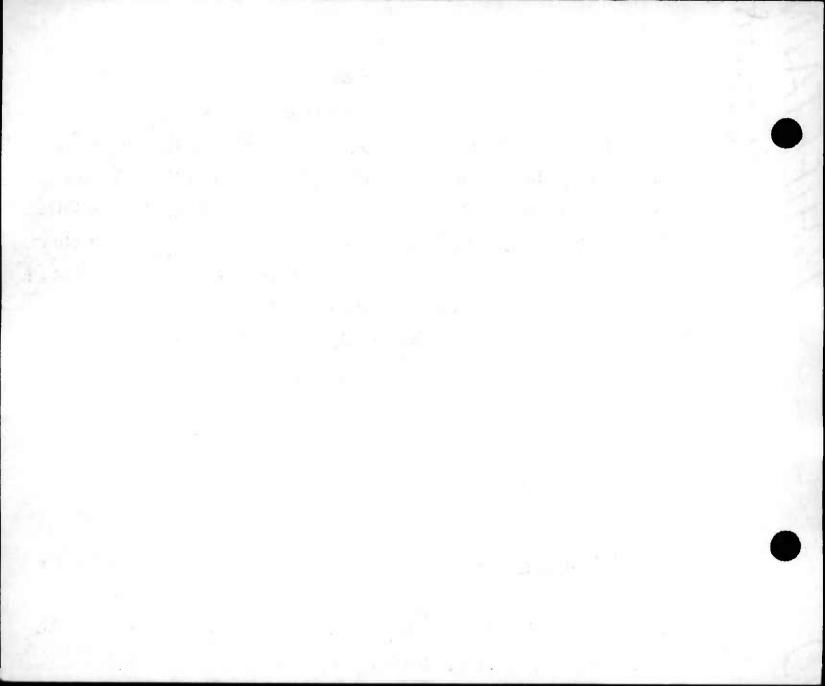
DESCRIPTION OF SECTION SECTION all parties at 12-feet The said the second second

\ \ \		1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLA MENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIE	NE 8 4	15	5 3
(B)			EASED NAME FIRST JESSIE	MAY	Welsh	2	a. DATE OF DEATH MC	-15-84	2b HOUR
ge 4 meetror. Pro		3. SEX	Female	White	5 DATE OF BIRTH  3-24-	- 96 6	AGE (IN YEARS LAST BIRTHO	MONTHS DAYS	
rs after death. Page by the funeral direct filed within 72 hours	Stiffed at once.	m	Y OR TOWN OF DEATH 111.	CITIZEN OF WHAT COUNTRY  NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, GIVE STREE	MARRIED NEVER N WIDOWED DN NG HOME OR OTHER INST	AARRIED	BALTIMORE CITY OR OR USUAL OCCUPATION TYPE OF WORK FOR MOST OF W	Prundel	
within 24 hours after letely filled in by the d 2 shauld be filed wi	Ser be	13a S	L RESIDENCE (IF NURSING HOME OR OTHE	PRINCE HOUSE RESIDENCE BEFORE SET OF TON A STATE OF TON	VN 13d. INSIDE C		STREET ADDRESS / Z	· · · · · · · · · · · · · · · · · · ·	ne 21106
oe executed n and camp	medicol exom		AS DECEASED EVER IN U.S. ARMEE ES NO OR UNKNOWN) (IF YES, GIVE WA	FORCES? 166 SOCIAL SEC	iss En	nma NT	ADDRESS  dey-Gam	brills mo	seler nucod Te 21054
requires that the death certificate be signed by the attending physician. Then please remave carban oppers, and burial, cremation, ar remaval.	other traumatic event, the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	AUSE (0) AUP  DUE TO, OR AS A CONSEQUENCE  (b)	no smolar	Com u Lobe	a puemae		XIMÁTE INTERVAL NONSET AND DEATH
requires that the en signed by the Then please rem	njury, ar	ATION	cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEON  (c) IDITIONS CONTRIBUTING TO	Senter)	TO THE TERMIN			
e law n. nos ber permit	3 7	CERTIFICAL	190 DATE OF OPERATION	196 CONDITION FOR WHIC			YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	S OF DEATH?
PHYSICIAN: The ending physicia this certificate to the buriol-tronsit ad Mental Hygie	Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH ( P.M.	DAY YEAR		(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2]	
G PHY offendi er this the bu	ked or	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC 1 215 LOCATIO STREET		CITY OF TOWN	4 COUNTY	STATE
NDING ST. Afr.	is m		22a.1 certify that (1) (this haspital)	ottended the deceased from			, to	19	, that (I) (we) last

MD

SINGS USED ES OF DEATH? NO [ STATE , that (I) (we) last TO FUNERAL DIRECTOR should be detached for u with the State Dept. af He and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated saw the deceased olive on non-sew the body after death TO HOSPITAL OR ATTE IMPORTANT: If Item 21 22c. DATE SIGNED DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN **ATTENDING** PHYSICIAN 22e. ADDRESS 22d PHY 23d LOCATION CITY OR TOWN 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE BP 24 FUNERAL DIRECTOR (VRA 15, 4)

DHMH - 16 50M 4/83



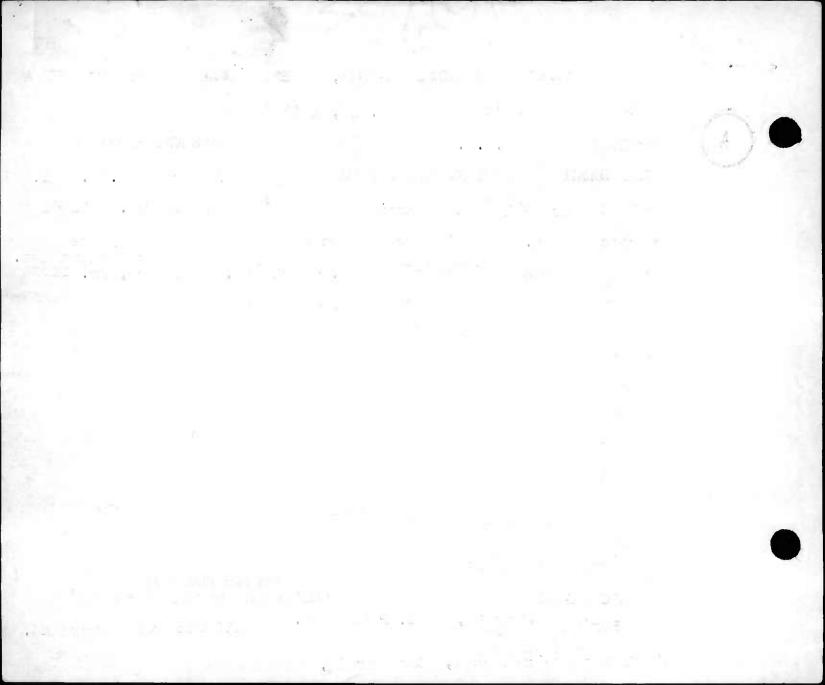
	STA	TE OF	MARY	LAND	
EPARTMEN'	T OF	HEAL	TH AND	MENTAL	HYGII

ENE 3 D

Go of	l.	2	1	2	-
· .					Em
REG. NO.					CL

- STATE REGISTRAR			CERTIFICATE	OF DEATH	REG. NO			EDT
1. DECEASED NAME	FIRST	MIDDLE	LAST			MONTH DAY	YE AR	26 HOUR
(TITE OKPRINT)	CHARLES	LAWRENCE	WHITEFOR	D, SR	JUNE	21,	1984	453 A
3. SEX	4 RACE		5 DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	THS DAYS	IF UNDER 24 HRS HOURS MIN.
Male		hite	Aug. 14	1, 1918	65	YRS		
70. BIRTHPLACE (STATE COUNTRY)		ZEN OF WHAT COUNTRY?	MARRIED X N	EVER MARRIED	9 BALTIMORE CITY O	_		
Maryland  TO CITY OR TOWN OF D		U.S.A.	WIDOWED	DIVORCED [		ARUNDEL		
GLEN BUI	RNIE	ME OF HOSPITAL, NURSIN NOT IN SUCH PACILITY, GIVE STREET NORTH ARUNDE	L HOSPITA		Servicem	F WORKING LIFE	INDUSTRY	F BUSINESS OR
Maryland		nne la City or tow Glen B	urnie YES	0.0	7 Fernda	ZIP CODE Le Ave	. 2	21061
Charles	$\overset{MIDDLE}{\mathbf{A}}_{ullet}$	Whitef		THER'S MAIDEN NA	WIDDLE		Ros	
160, WAS DECEASED EV (YES, NO OR UNKNOWN) NO	ER IN U.S. ARMED FO			ormant (Sol	n) ADDRE es L. Whit		, Jr.	ene Ave 21090 MATE INTERVAL DINSET AND DEATH
gove rise to couse (o), site underlying co	oting the use lost DU	JE TO, OR AS A CONSEQUE  (c)  TONS CONTRIBUTING TO  CONDITION FOR WHICH	<u>DEATH</u> BUT NOT RE		20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED OF DEATH?
OR CONTRIBUTING [  (IF EITHER, NOTIFY M  21d. INJURY OCC	CAUSE OF DEATH REDICAL EXAMINER)  JRRED 21e	D. TIME OF INJURY HOUR A.M. MONTH D P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE.	19 211 LC	OW INJURY OCCUR	YES NO MARED (ENTER NATURE OF INJU		OUNTY	NO
saw the dece	(I) (this hospital) attended alive on	ended the deceosed from 5 - 3 19 the body print death.	3-13-8 4 and that i		deoth occurred on the de	te and hour or		
224 PHOSICIAN'S	/ax	Va-	72a A	ATTENDING PHYSICIAN [		IAN 🗌		
100000000000000000000000000000000000000	KAPLAN		176 A	GLEN BU	25 HOSPITAL RNIE, MARYL	DRIVE	61	
230. BURIAL, CREMATIO (SPECIFY) Bur	N, REMOVAL 236	ne 25, S	t. Johns	Cem.	23d LOCATION CITY OF TOWN Ellicott	City	оинту <b>НОЖ</b> а	
24 FUNERAL DIRECTOR	15.17. 71/00	ADDRESS 1 Home, GJ	en Burn		2 6 1084	256 REGISTRAL	~	URE ndelle

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR - STATE

REGISTRAR

DECEASED NAME

PANKI

(TYPE OR PRINT)

7a. BIRTHPLACE

13a. STAT

CERTIFICATION

ITY OR OWN OF DEATH

160. WAS DECEASED EVER

NO, OR UNKNOWN)

EXAMINER'S NAME

23a BURIAL, CREMATION, REMOVAL 23b DATE

TYPE OR PRINT)

PART I DEATH WAS CAUSED BY:

Canditians, if any, which gave rise to immediate

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN MONTH 26 HOUR OF ESTI-DEATH MATED 2d. HOUR DAY DATE OF BIRTH AGE (IN YEARS 20. DATE LAST\_BIRTHDAY) PRONOUNCED 1984 0014 31 DEAD BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED DIVORCED 176 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREE MOTHER'S MAIDEN NAME MIDDLE ADDRESS IN U.S. ARMED FORCES? APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO F 71a, EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 19 71e PLACE OF INJURY 714 INJURY OCCURRED (AT HOME, 71f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Inspection Undetermined manner death resulted fram: Natural causes Hamicide

TITLE (SPECIFY)

BP. **DHMH - 17** (VR A15 ME (5)) 20M 4/82

24. FUNERAL DIRECTOR

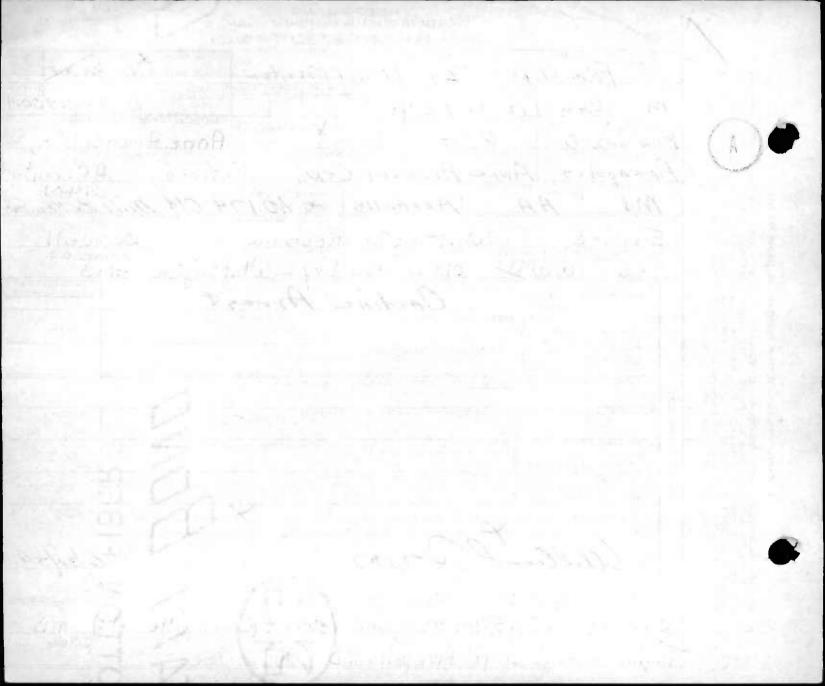
William P. Jones,

23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY

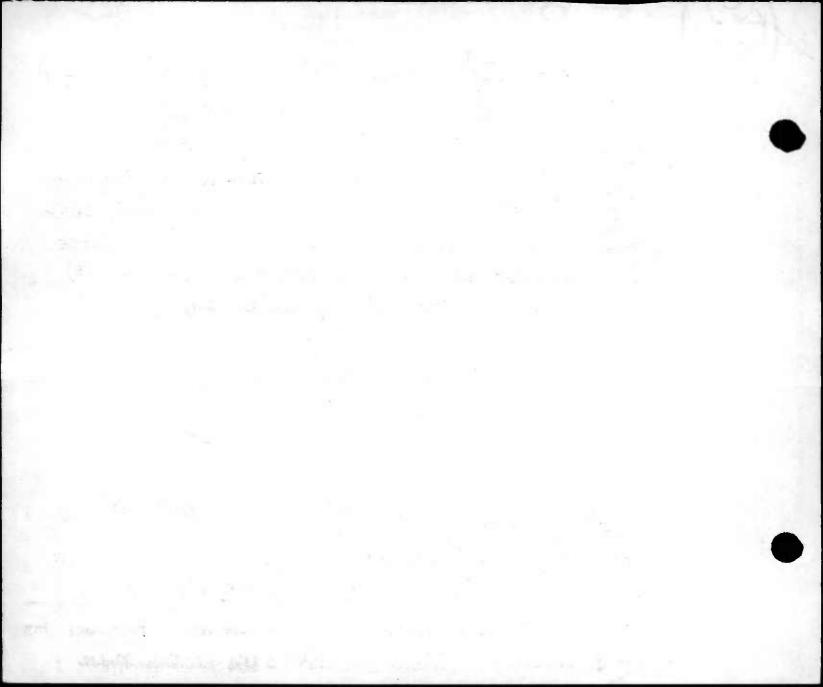
36. REGISTRAR'S SIGNATURE

695 America Crt. Davidsonville, Md. 21035

MEDICAL EXAMINER



AL			ATE GISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	MEG. NO.	5 1 5 /
9 6	eo th	ľ		WILL SR	20. DATE OF DEATH MONTH DA	8 A M
ge 4 may	6	3	MALE TRACE	ue 5 DATE OF BIRTH MONTH DAY 26 YEAR 18	65 yes	FUNDER LYEAR OF UNDER 24 MRS.  DAYS HOURS MIN.
€ 3	Z 2	9		MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNTY OF	OF DEATH MD.
offer.	pa 5	3	MA (IF NOT IN SUCH FACE	LITY, GIVE STREET ADDRESS) AAG H	TECH WRITER	126. KIND OF BUSINESS OR NOUSTRY WESTINGHOUSE
24	hould be	7	Ma PAT	Sevena / K YES NOD	130 STREET ADDRESS / ZIP CODE	xl 21146
3	02	4	Paul F	WILL ELSIE	WIDDIE	CLOSE
- (	Poges 1		NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	2 2 2 2 1 111 2	WILL (SAME	AS 13)
	mayor.	Ī	PART I. DEATH WAS CAUSED BY:	Metasteka Sq Cul	l Ca erophage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death	nave carb lotion, or r traumatic		onditions, if ony, which over rise to immediate	HATCON	U B	
草		-	nderlying cause last (c)	COPO	AND MORTINIAND AN ASK ASIN IN MINE	NINI PART 1/2
requir	7 2 5					WERE FINDINGS USED
9 6 4	ene ene	2			YES NO YES	ING CAUSES OF DEATH?
ICIAN: g physic	iol-tron ntal Hyg em 18 s	-//	CONTRIBUTING CAUSE OF DEATH HOUR A.M.		RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT   ORPART 2)
PHY			THILE NOT WHILE TO		CITY OR TOWN	COUNTY STATE
Zo			. I certify that (1) (this haspital) attempted the dec	VIII.	death occurred on the date and hour	ond from the couses stated
ok e ho	e p			enta M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE SIGNED
	40 10		11	100 11 1 707 /2 10	DINGS AVE :	2140/
BP	- 5 S <u>≤</u>	7	(EY)	184 WESTVIEW CREMATORY	23d LOCATION CITY OF TOWN WESTVIEN B	COUNTY STATE ALTIMORE MD
		7	RAL DIRECTOR	SOUSENA PARK, MINES		
	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 is retained by the hospital or attending physician.  TO EINERAL DIRECTOR After this certificate has been closed by the attending physician and completely filled in by the funeral director.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after directioned by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furshould be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.  IMPORTANT: If them 21 is marked or Item 18 shows any injury, an other traumatic event, the medical examiner must be naticed.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retoined by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3  Should be detacted dar use as the buriol-transity permit. Them please remayer companages. Pages 1 and 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to buriol, cremation, cremation, cremation, and the state Dept of Health and Mental Hygiene prior to buriol, cremation, cremation.  MEDICAL CERTIFICATION  MEDICAL CERTIFIC	The post of the po	DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH  REGISTER  DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH  DECARSED NAME (IPPE CHERK)  J. BERIMPIACE (STATE ONFORCE)  J	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  RECISTRAR  I. DECERDINATE  RECISTRAR  RECISTRAR  I. DECERDINATE  RECISTRAR  I. DECERDINATE  RECISTRAR  I. DECERDINATE  RECISTRAR  RECIST



3/1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	1 5 1 5 8 EDT
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	P
\ _	BETTY	J.	WILLIAMS	JUNE 11, 19	/M
3 S	ALC: The	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
<u> </u>	Female	Caucasian	November 5, 1930	53 YF	
20	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED W NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COU	
2 10.0	Maryland  CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NUR	WIDOWED   DIVORCED	ANNE ARUNDEL	COUNTY MD.  12b. KIND OF BUSINESS OR
54 0	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STRI NORTH ARUNDI	EL HOSPITAL	Home maker	NG LIFE) INDUSTRY  Own home
30	JAL RESIDENCE (# NURSING HOME OF STATE 136 COULTY LAND		OWN 136. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	CODE
20	ATHER'S NAME FIRST  unknown	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST
Bedie	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 166 SOCIAL SE VE WAR OR DATES) 579-36		1742 Le	rch Farm Court nville, MD 21035
ony injury, or other troumotic event, the	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost.	DUE TO, OR AS A GONSEC		CINON A	15 mosths
8 shows ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
MEDICAL	214 IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	sow the deceased alive or	tol) oftended the deceosed from	911 //	, to	hour and from the couses stated
±	7	Mes		MEDICAL STAFF DIRECTOR   PHYSICIAN	6-11-84
MPORTANT	22d PHYSICIAN'S NAME (TYPE O			OAKWOOD ROAD # BURNIE, MARYLA	
230.	BURIAL, CREMATION, REMOVAL (SPECKY)	23b DATE 14. 23	NAME OF CEMETERY OR CREMATORY  Lakemont Mem. Garder	234 LOCATION CITY OR TOWN	COUNTY STATE
/83	eall Funeral Hon	25 16000 Annapo	olis Road	F REC'TT BY REGISTRARIA DET	Jaydson-August

Section (1991) Sections (1991) Section (1992) Section (1992) Section (1993) Secti

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igal' itana ita dardena bavidsenville, Anna Arundal, De

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH 2b. HOUR JUNE 1984 0815 AGE (IN YEARS LAST BIRTHDAY) TE UNDER I YEAR IF UNDER 24 HRS 88

BALTIMORE CITY OR COUNTY OF DEATH

(TYPE OF PRINT) MARY WIMMER Anna 3 SEX 4 RACE 5. DATE OF BIRTH Dec. 24, 1895 White Female To BIRTHPLACE I STATE OR FOREIGN

MIDDLE

76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A.

WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

NO X

ANNE ARUNDEL COUNTY 12a USUAL OCCUPATION 12b KIND OF BUSINESS OR TYPE OF WORK EOR MOST OF WORKING LIFE A.A. County Clerk (Ret.

106 First Ave. S.W. 21061

GLEN BURNIE NORTH ARUNDEL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS?

A.A. Maryland 4. FATHER'S NAME

FIRST

FOR

REGISTRAR

DECEASED NAME

Marvland

ID. CITY OR TOWN OF DEATH

- STATE

GlenBurnie Velenovsky

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

15 MOTHER'S MAIDEN NAME Anna

YES 🗍

MIDDLI

Schlecta

Anthony ARMED FORCES?

166 SOCIAL SECURITY NO.

17 INFORMANT (Daughter) ADDRESSRt.2 Box 802 219/36/0219 Mrs. Jean Lancaster Freeport, Tx

13e.STREET ADDRESS / ZIP CODE

No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED JO THE

CONDITION FOR WHICH OPERAT

metestatic

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

arernama 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER)

200 AUTOPSY?

NOT WHILE 220.1 certify that (1) (this haspital) ottended the deceased from\_

21e. PLACE OF INJURY

AT HOME STREET EACTORY OFFICE FARM ETC 1

21f LOCATION STREET

STATE CITY OF TOWN COUNTY

The deceased aline as obove (1) (we/fdid) (digin w the body after death 276 SIGNATURE

ATTENDING

STAFF DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated

22e ADDRESS

7445-A FURNACE BRANCH RD

TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG

23a BURIAL, CREMATION, REMOVAL 4 Parke SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

DEGREE

GLEN BURNIE MARYLAND 21061

Glen Haven Mem. Prk. Glen Burnie Md.

Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83

CERTIFICATION

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borked

Hygiene !

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(VRA 15, 4)

21d IN JURY OCCURRED

Singleton Funeral Home Glen Burnie, Md

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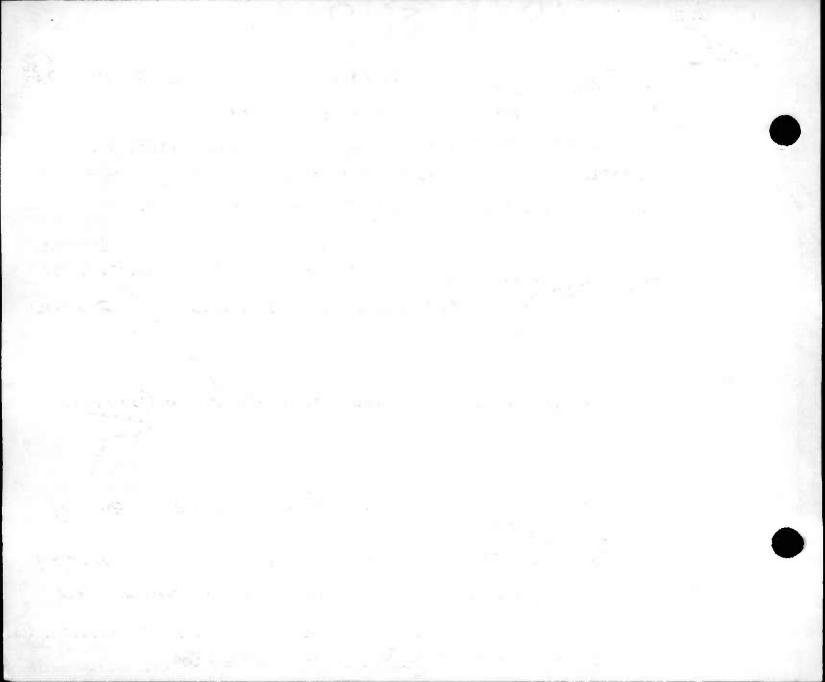
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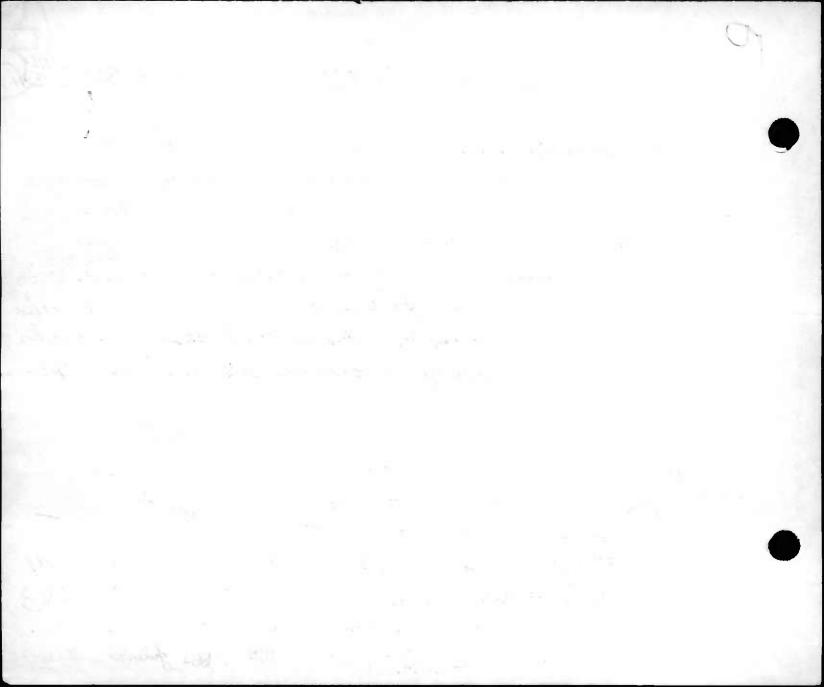
7	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 4	1 5	160
20		CEASED NAME FIRST	WIDDIE	i,	AST		ONTH DAY Y	EAR 26 HOUR
be ±3	(TYPE	JRMA	Р.	Wi	Rth	(	0 28 8	34 10Am
шоу	3. SE		RACE	5 DATE O		6 AGE (IN YEARS LAST BIRTHE		
4 ( to # )		Female	White	MONTH J a	in. 7,1903	81	YR5	DAYS HOURS MIN.
d 62		CHINTPY	b. CITIZEN OF WHAT COUNT	AAADDIE	□ NEVER MARRIED □	9 BALTIMORE CITY OR	COUNTY OF DEA	тн
40 St. 500	D	onaldsonville	La. U.S.A.	WIDOWE		Anne Arı	indel C	O . MD.
offer d	10. C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NUI     I I NOT IN SUCH FACULTY GIVES	RSING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION	12b. K	IND OF BUSINESS OR
is of filed a		nnapolis	Anne Arunde		ral Hosp.	Housewife	Но	usehold
tely filled in 2 should be inner muss be	13a S	AL RESIDENCE (IF NURSING HOME OR C TATE 13b. COUNT A . F	THER INSTITUTION, GIVE RESIDENCE BY  130. CITY OR T  Edge	evater	13d. INSIDE CITY LIMITS?	3349 Oak	Dr. 2	1037
	14 FA	THER'S NAME FIRST. M	IDDLE LAST		15. MOTHER'S MAIDEN NAM	WE		LAST
uted within		Joseph		rk	Ada			Maihuse
Pages 1		VAS DECEASED EVER IN U.S. ARM			17 INFORMANT	3 3 4 9 (	ak Dra	# A L WUS E
	'	no -		-4620	Jean Kale	ta Edgéwa		
rtificate by physicial an papers. emaval.		18 CAUSE OF DEATH (Enter only		, and (c).	4 0		BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
death certificate attending physici ave carban poper itian, or removal.		PART I. DEATH WAS CAUSED IMMEDIATE	T 1/1/	Sumoc	occal Pre	limonia		2 weeks
th ce carb, arr			DUE TO, OR AS A CONSE	OUENCE OF				
		Conditions, if any, which gave rise to immediate	(b)					
es that the ned by the please rem vrial, cremo		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE	OUENCE OF				
ed by t please rial, cr			( (c)					
equire Then f ta bu njury,	Z	PART 2 OTHER SIGNIFICANT CO	DADITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	TAL DISEASE OF CONDIT	L CON GIVEN IN PA	ARI IIo
8 - 0 >	ATIC	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	20g AUTOPSY?	Ob. IF YES, WERE F	INDINGS USED
The second second	CERTIFICATION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					AUSES OF DEATH?
hysicion hysicion hysicion hysicion hygies hygies Hygies 18 show	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR			
SICIAN: ng phys certifica urial-trai (ental H)		OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR				
> 0 2 0 ≥ 0 ×	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	CITY OR TOWN	d COUN	NIY STATE
MG Ph wffer th os the th and orked o	¥	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFF		STREET	1	400	STATE
or or see of the mort		22a. I certify that (I) this haspite	ol) attended the deceased fro	om 0/1	4 1984	to 6/28	19.8	, tho (I) we) lost
TTEN Putal TOR for u		above (I) (i.e.) (did) (did not)	lew the body after death.	9 <mark>84</mark> , on	d that i (m) (our) opinion (	death occurred on the date	and hour and Iro	m the couses stated
OR AT he hasp DIREC packed f acked f If Hem		22b. SIGN. 11/01	111	,	DEGREE		22c.	DATE SIGNED
		asei	W Colly	, ,	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N D	0/28/84
FUNER ORTAN		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)		220 ADDRESS			- 4 /
TO HOSPITAL retained by 11 TO FUNERAL should be det with the State		LEW	COLE		51 FRANKL	IN ANN	JAPOLIS	ind
Z ∈ E ⊕ 3 ₹	23a E	URIAL, CREMATION, REMOVAL	236 DATE	31 NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	6/30/84	Lakemo	nt Cemeter	Davids	onville	A A CO Md
DHMH - 16 50M 4/83		INERAL DIRECTOR	1APORE	Ridgel	y Ave. 250. DAT	E REC'D. BY REGISTRAR 25	b. REGISTRAR'S	GNATURE
(VRA 15, 4)	F	lardesty Funer	al Home '_p	nn. Mo	21401	JUN 29 1984	0	

DHMH - 16 50M 4/83 (VRA 15, 4)



D	1	FOR - STATE REGISTRAR	DEP A		EALTH AND MENTAL HYO	GIENE G	۷٥.	Ó
I may be ir page 3 ffer death		ECEASED NAME FIRST PE OR PRINT) S day	A RACE	5. DATE C		20. DATE OF DEATH	6684	HOUP)
oth. Page 4	Π.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	RY? 8. MARRIE	- 20- /2 □ NEVER MARRIED □	9 BALTIMORE CITY	OR COUNTY OF DEATH Arundel	
irs offer de	0.	Nashington, D. ( CITY OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE ANDE AVUN	reet ADDRESS)	- 73	120 USUAL OCCUPAT	TION 126 KIND OF BU	
hin 24 hou	130	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		NWC	13d INSIDE CITY LIMITS?  YES NO 😾		ZIP CODE Dire	176
ed wit	V	Ernest	MIDDLE LAST Hags		Ida	MIDDLE	Barnes	
on and co. Pages	160	WAS DECEASED EVER IN U.S. AR  [YES, NO OR UNKNOWN] [IF YES, GIV	A STEAD OF DATES	1//20	Nirginia Ce		RESS 6703 Duck I Dunkirk, Md.	207
ertificate 19 physici 20 poper removal.			nly one cause per five for (a), (b), D BY: TE CAUSE (a)	face	lure		APPROXIMATI BETWEEN ONSE	TAND DEAT
s that the death ce ed by the attendin lease remove carb rial, cremation, or or other traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OPAS A CONSECUTION OF TO, OR AS A CONSECUTION OF TO, OR AS A CONSECUTION OF THE PROPERTY OF THE PROPER		iver met	astase Site m	s 40	no
n signi Then F r to bu	NO.	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GIVEN IN PART 110	
The low ricion.  te has been sit permit. rgiene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO		280 AUTOPSY?		
PHYSICIAN: trending physic trips certificat the burial-tron and Mental Hyg ed or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR		RRED (ENTER NATURE OF INJ	IURY IN ITEM 18 PART I OR PART 2]	
ING PHY r offer this os the bi lth and w orked or	WED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	5	211 LOCATION STREET	Par	COUNTY	STATE
ATTEND ospitol o CTOR: A for use a for use in 21 is m		the deceased alive on at twe, (1) (ac) (did) (did) and	national the deceased fro	84.0		death accurred on the	date and hour and from the cour	
by the hore ERAL DIRE e detochec Stote Depth Thronton Man Till Herring		10 le he	kon	hul	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN	81
TO HOSPITAL etoined by th TO FUNERAL should be deto with the Store		PETER F, VE	ERKOUW.	m D	1/19 TOY	ast Br. A	NNAPOLS hid	2/4
BP	230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 6/8/84		emetery or crematory eterans Cen	23d LOCATION CITY OR TOWN 1etery Che	eltenham,	Md
DHMH - 16 50M 4/83 (VRA 15, 4)		funeral director lardesty Funer	'al nome	idgely	Ave.	TEREC'D BY REGISTRA	R 256 REGISTRAR'S SIGNATURE	Pandel

STATE OF MARYLAND .



After this sentificate has been signed by the attending physician and completely tilled in by the forese as the busicitransis permit. Then please remove carbonadpers. Pages I and 2 should be filled within

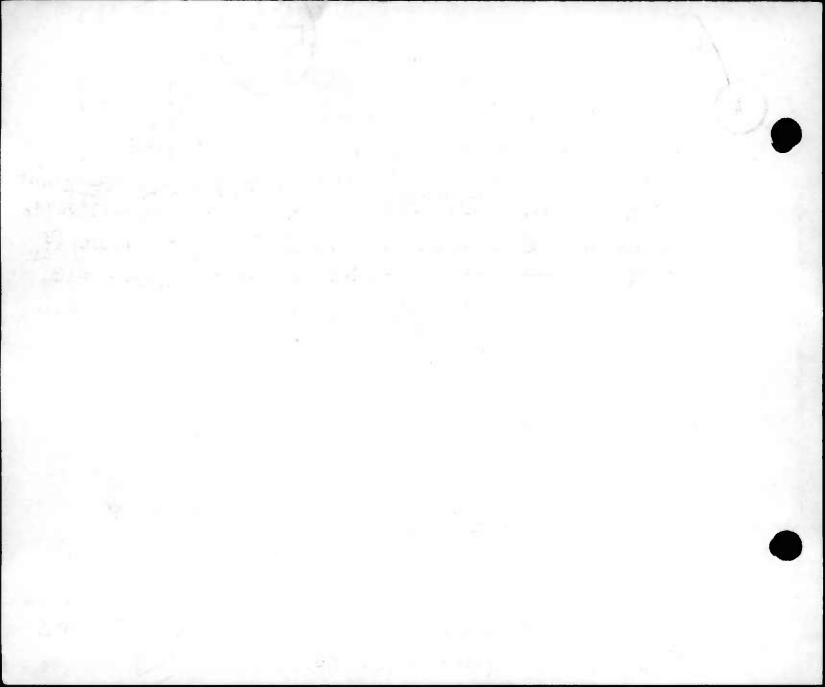
TO FUNERAL DIRECTOR: After this sentificate has been signed by the attending physics should be detached for use on the bunicitionist permit. Then please remove carbon physics with the State Dept. of Health and Mental Hygania propriet basins! cremation, as removal.

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

A	1 -	FOR - STATE REGISTRAR		TENT OF HEALTH AND MENT CERTIFICATE OF DEAT	Н	REG. NO.	151	6 2
1.3.	(TYPE	CEASED NAME FIRST	Donaldser	porthingto	2a DATE OF	6	30 84	M HOUR
	3. SE	temale	white	5. DATE OF BIRTH	13	EARS LAST BIRTHDAY)  YRS  RECITY OR COUN	MONTHS DAYS F	IOURS MIN.
85	3	IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRI WIDOWED DIVORCI	ED Anne	2 Arun	de	MD.
offied	A	napolis	11. NAME OF HOSPITAL, NURSING A (IF NOT IN SUCH FACULTY, GIVE STREET A ANNO HYUNG	PER Gen Ha		OCCUPATION K FOR MOST OF WORKING	126 KIND OF E	nerapist
	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		ADMISSION)  YES NO		address Effica	& Whan e Road a	20116
130	14. F/	ATHER'S NAME  OUT OF THE STATE	W. Donalds	15. MOTHER'S MAIL	A DIA	MIDDLE HO	ogewe	rff
medito /		WAS DECEASED EVER IN U.S. AR. YES, NO OLUNUNOWN] (IF YES, GIV	MED FORCES? 166 SOCIAL SECUI E WAR OR DATES) 13-48-	RITY NO. 17 INFORMANT (	on F. Wo	rthingt	on - #	13
want, the		PART I. DEATH WAS CAUSE	ly one cause per line for (0), (b), and D BY: TE CAUSE (0)		vembosi,	0	APPROXIMA BETWEEN ON	SET AND DEATH
r other troumots		Conditions, if ony, which gove rise to immediale couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)					/
ws any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE		OPSY? 20b. IF Y	YES, WERE FINDING TIFYING CAUSES O	S USED F DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR	OCCURRED (ENTERNA			
arked or 1	MEDICAL	THE INJURY OCCURRED  WHITE THE POPER TO ALL POPER TO	21e PLACE OF INJURY (A1 HOME STREET FACTORY, OFFICE FA	216 LOCATION STREET	24	CITY OR TOWN	COUNTY	STATE
×215 m		saw the decrased alive on obove, (I) wen (pid) [did no	tal) attended by deceased from 19	and that in (my) (our)	opinion death occurre	ed on the date and h	our and from the sa	1
TZ T		27h SIGNATORE	Hul my	DEGREE ATTEN PHYSI	DING MEDICAL CIAN DIRECTOR	STAFF PHYSICIAN	6/30	124
MPORTANT		224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS				
_	C	BURIAL, CREMATION, REMOVAL	July 2, 1984 236. N	edar HILL	Suit	land	P.G.	my
/83	24 F	UNERAL DIRECTOR	A DONESS	1 20	25a DATE REC'D. BY	REGISTRAR 256 REG	ISTRAR'S SIGNATUR	E

CT ATE OF MADVI AND



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the buriol-transit per and Mental Hygiene

or Hem 18

CERTIFICATION

# STATE OF MARYLAND DEPART

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MENT	OF.	HEAL'	TH AND	MENTAL	HYGIENE
CE	RTI	FICA	TE OF	DEATH	

CERTIFICATE OF DEATH	REG. N	١٥.				
LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	26. HOL	IR
WRIGHT		06	20	84	3:2	5 6
5. DATE OF BIRTH 12	6. AGE (IN YEARS LAST B	RTHDAY)	IF UND	ER I YEAR	IF UNDER	24 HRS
MONTH DAY TEAR	7/58	YRS	MONTHS	DAYS	HOURS	MIN
9	RAITIMORE CITY	OR COLIN	TY OF D	EATH		

76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE

4 RACE

A.A.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MIDDLE

FIRST JAMES

> MARRIED KNEVER MARRIED WIDOWED

12n USUAL OCCUPATION 126. KIND OF BUSINESS OR

10 CITY OR TOWN OF DEATH ANNAPOLIS

ARUNDEL GENERAL HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. COUNTY 131, CITY OR TOWN

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS? NO [

13e.STREET ADDRESS / ZIP CODE 145 O'Berry Cour 15. MOTHER'S MAIDEN NAME

LAST

14 FATHER'S NAME FIRST EDDIE

MARYLAND

- STATE REGISTRAR DECEASED NAME

MARYLAND

LAST WRIGHT 166 SOCIAL SECURITY NO

ANNAPOLIS

ALVERT. 17 INFORMANT

FIRST

JOHNSON Annapolis, Md. 21401

(IF YES, GIVE WAR OR DATES) MARY J. WRIGHT 145 O'Berry Ct.

PART 1. DEATH WAS CAUS	nly one couse per line for (a), (b), and (c). ED BY: TE CAUSE (a) Cardiac Arrest	BETWEEN ONSET AND DEATH SELVEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	Carowe

DATE OF OPERATION	1% CONDITION FOR WHICH OPERATION	N WAS PERFORMED
a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY

HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC )

211 LOCATION COUNTY

22a.1 certify that (1) (this haspital) attended the deceased from.

ond that in (my) (our) opinion death occurred on the date and have and from the causes stated

NO [

STATE

DEGREE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

AT WORK NOT WHILE

22e. ADDRESS

Veterans Cemetery

23a. BURIAL, CREMATION, REMOVAL BURTAL

236. DATE

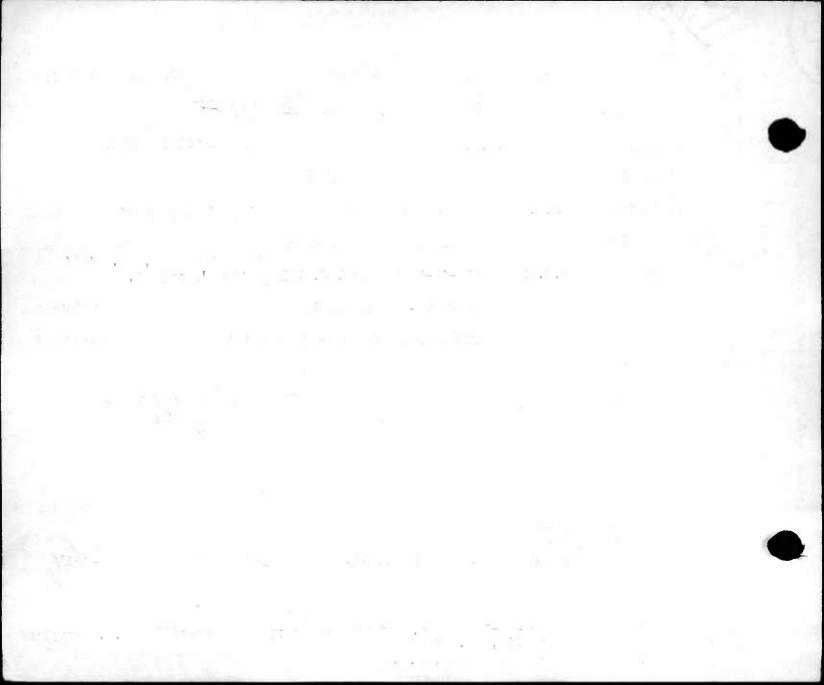
23(. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

REESE & SONS MORTUARY, P.A.



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	2	170	3		
6.3		Dog	1	60	
		-	1	0	
REG. NO.				-57	

1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	).	2 1	0 4
	CEASED NAME	FIRST		WIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR
(1172	Hel	len	Regin	ıa	Z	iegler	June 5,	1984		4:15pm
. SE	X		4. RACE	Title I	S. DATE C		6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER 24 HRS
Fe	ema1e		White		Sep	t. 8, 1919	64	YRS.	ORTHS DATS	MOOKS MIN.
	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8,	D X NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OF DEATH	
I	OWa		U.S	.A.	WIDOWE		Anne Ar	unde1		MD.
0. CI	TY OR TOWN OF DEA	TH				OR OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS OR
L	inthicum		803 Ha	H FACILITY, GIVE STREET.	Ferr	y Road	Housewi		Own	Home
USU,	AL RESIDENCE (IF NURS	ING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2	1090	
	aryland	A.A		Linthic		YES NO TE	803 Hamm	onds	Ferry	Road
-	THER'S NAME			LAST		15. MOTHER'S MAIDEN NA			LAS	
T	homas		MIDDLE	Byrne		Katherine			Plag	
6a. V	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT (Hus		SS	Same	
No	YES, NO OR UNKNOWN)	(IF YES, GIV	EWAR OR DATES	212/07	/815	Mr. Oscar	S. Ziegl		#13	
	18 CAUSE OF DEAT	H (Enter or	ly one cause per	•	d (c				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W		D BY: TE CAUSE (a)	alveol	ar CA	A of Lungs 8	& respirat	ory		
	1627	II TO THE DOOR		R AS A CONSEQUE	NCE OF		failure		1,-	- Do
	Conditions, if any, which (b)						2422420		13	days
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							13	0
	underlying couse	last.	(c)_							
	PART 2 OTHER SIGN	V(FICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	ITION GIVE	N IN PART 10	a'
CERTIFICATION									100	
CAI	190. DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
TIF					110		YES NO	YES		NO 🗆
Ö	21a. ACCIDENT WAS UNE		110110					Y IN ITEM 18 PA	RT I OR PART 2}	
CAL	(IF EITHER NOTIFY MEDI			M.	19					
MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	ARM FTC 1	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
2	AT WORK NOT WE	RK								7 10
	22a.1 certify that (1)					, 19_65		, 1		that (I) ( <del>ve)</del> lost
	sow the decease abave, (I) (we) (c	ed alive or	ot) view the body	ofter death.	<u>84</u> . or	nd that in (my) <del>(our)</del> opinion (	death occurred on the do	ite and hour	and from the	causes stated
	226. SIGNATURE					DEGREE	form can	-	22c. DATE	SIGNED
	This	car	m	1 11		ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌		- 00
	22d. PHYSICIAN N	AME (TYPE	OR PRINT)			22e. ADDRESS			2123	4
			g From	ım V		8014 01d	Harford Ro	oad -		imore
23a. l	BURIAL, CREMATION,	REMO	23th Paris	6. 7367	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
(	Cremation	1	1984		ecur:	ity Process	Catonsvi	11e	Balto	

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 spayld be filed with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

injury, ar other traumatic event, the

MPORTANT: If hem 21 is marked ar hem 18 shaw

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician.

TO HOSPITAL

FOR

page 3

within 24 hours often

DHMH - 16 50M 4/82 (VRA 15, 4)

FUNERAL DIRECTOR runeral director
Singleton Funeral Home

Security Process Catonsville Balto, Md.

250. DATE REC'D. BY REGISTRAR 256 ARTS SIGNATURAL PROPERTY OF THE PRO Glen Burnie, Md.

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